

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90241 001 \*\*\*150.00

DOCUMENT # **P95000003038**

1. Entity Name

**SUTTLE'S SHUFFLE** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5805 ANDERSON RD**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BARTOW FL**

City & State

4. FEI Number

**65-0548365**

Applied For

Not Applicable

Zip

**33830**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**KENNETH L. SUTTLE**

Street Address (P.O. Box Number is Not Acceptable)

**5805 ANDERSON RD**

City

**BARTOW**

**FL**

Zip Code

**33830**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT KENNETH L SUTTLE 5805 ANDERSON RD BARTOW FL 33830</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ROBERTA LEE SUTTLE VICE PRESIDENT 28021 PEBBLE BEACH DR SUN CITY CA 92586</b>
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KENNETH L. SUTTLE**

Date

**4-24-02**

Daytime Phone #

CR2E034B (12/01)