

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90146 047 ***550.00

DOCUMENT # P95000058192

1. Entity Name
D.W. LUTZ AND ASSOCIATES, INC.

Principal Place of Business

**10341 RACHEL AVE
 ENGLEWOOD FL 34224-8202**

Mailing Address

**10341 RACHEL AVE
 ENGLEWOOD FL 34224-8202**

2. Principal Place of Business

**858 S. River Rd
 Suite, Apt. #, etc.
 Unit A**

3. Mailing Address

**858 S. River Rd
 Suite, Apt. #, etc.
 Unit A**

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223-5802

Country

Sarasota

Zip

34223-5802

Country

Sarasota

4. FEI Number

65-0596899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LUTZ, DAVID W III
 10341 RACHEL AVE
 ENGLEWOOD FL 34224-8202**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **DAVID W. LUTZ, III**
 STREET ADDRESS **10341 RACHEL AVE**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **S** ☐ Delete
 NAME **LUTZ, FRANCES E**
 STREET ADDRESS **10341 RACHEL AVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **VPNF** ☒ Delete
 NAME **CHAMBERS, DAVE**
 STREET ADDRESS **P.O. BOX 579-**
 CITY-ST-ZIP **WAUSAU FL 32463**

TITLE **VP** ☐ Delete
 NAME **Lutz, Frances E**
 STREET ADDRESS **10341 Rachel Ave**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE **T** ☐ Delete
 NAME **Lutz, David W. III**
 STREET ADDRESS **10341 Rachel Ave**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David W Lutz III 08/27/02 (941) 475-8439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)