

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

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90002 005 \*\*\*150.00

**DOCUMENT #** P960000080717 ✓  
**1. Entity Name**  
Futch & Sons, Inc.

**DO NOT WRITE IN THIS SPACE**

**425446**

<b>2. Principal Place of Business</b> <u>US Highway 19 N</u> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <u>P.O. Box 279</u> Suite, Apt. #, etc.
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<b>City &amp; State</b> <u>Cross City FL</u>	<b>City &amp; State</b> <u>Cross City FL</u>
<b>Zip</b> <u>32628</u>	<b>Zip</b> <u>32628</u>

<b>4. FEI Number</b> <u>59-3404528</u>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> <u>James M. Futch Jr</u>
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>US Highway 19 N</u>
<b>City</b> <u>Cross City</u> <b>FL</b> <b>Zip Code</b> <u>32628</u>

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <u>DPT</u> <u>Futch, James M Jr</u> <u>US Highway 19 N</u> <u>Cross City FL 32628</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <u>DVS</u> <u>Futch, Marilyn</u> <u>US Highway 19 N</u> <u>Cross City FL 32628</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</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)(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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Marilyn Futch **3-4-02** **(352) 498-3615**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)