

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90100 010 \*\*\*150.00

**DOCUMENT #** P96000093150

**1. Entity Name**

Cutter Drywall & Stucco, Inc.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

73 W. Palmetto Road

Suite, Apt. #, etc.

**3. Mailing Address**

73 W. Palmetto Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Lake Worth, Florida

**City & State**

Lake Worth, Florida

**4. FEI Number**

65-0708242

**Applied For**

**Not Applicable**

**Zip**

33467

**Country**

Palm Beach

**Zip**

33467

**Country**

Palm Beach

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

**Name**

Phylis R. Stephens

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

73 W. Palmetto Road

**City**

Lake Worth

**FL**

**Zip Code**

33467

**DO NOT WRITE  
IN THIS SPACE**

**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**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Phylis R. Stephens	73 W. Palmetto Road	Lake Worth, FL 33467

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phylis R. Stephens - Phylis R. Stephens

Feb 04, 2003

Date

561-641-7717

Daytime Phone #

CR2E034B (12/02)