FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UER)

FILED Jun 11, 2002 8:00 am Secretary of State

| SAND DOLLAR RSVP INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 5.7/10. Obsecthobee Blvd 5. Mailing Address 5. Solitor 5. Lake Worth, F1 33467 Zp Country 5. Solitor 33417 Zp Country 5. Solitor 33417 Zp Country 5. Solitor 33417 Zp Country 5. Research Address of Current Replacement of States DO NOT WRITE IN THIS SPACE DO NOT WRITE Steel Address (Pountry is Not Address of Current Replacement of States Observed agent, or both, in this State of Fortia. DO NOT WRITE IN THIS SPACE DO NOT WRITE Steel Address (Pountry is Not Address of Current Replacement of the purpose of changing her registence office or registenced agent, or both, in this State of Fortia. The approve named entity submits this statement for the purpose of changing her registence office or registenced agent, or both, in this State of Fortia. The supposed register is Not Address of Current Registerial Agent All the May 1, Fee is \$150,00 All the May 1, Fee is \$150,00 Amended URIS \$151.3 Amended URIS \$151 | DOCU | MENT # P9600009 | 05-15-2002 90089 019 ***150.00 | | | | | | |
|---|--|---|--|-----------|----------------------|--|---|---|------------------|
| 2. Principal Pace of Business 5700. Olkeachobee Blivd Suit Act : 80. Sing Act | SAND | DOLLAR RSVP INC. | | | <i>:</i> | | | | |
| Suits, And if, etc. Suits, An | | | | | | 92492 | | | |
| Solid Act of act of the pattern This SPACE City & State Pattern P | | | 3. Mailing Address | | ' | • | | | |
| City & Silver Pallm Beach F1 City & Silver Morth F1 33467 | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | tusr | ol Ln. | DO NOT WRITE II | N THIS SPACE | | |
| Applied for More Applicable Applied for More Applied for M | West Palm Beach Pi Lake Word | | | | | , | | | |
| Zip Country 33417: Pallin_Beach 33467 Pallin_Beach 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Street Address (Fo. Do. Number is tool Recorded Agent Street Addre | City & State | ia t | City & State | , . | 1 33407 | | | | |
| 33417 : Palb Beach 33467 Palm Beach 1. Name and Address of Current Registered Agent 1. Name 1. | Zip | | | Count | ту | | ~ \$8.75 | | - |
| DO NOT WRITE IN THIS SPACE IN THE STEEL West Palm Beach, Fl 33413 To Code The corporation is eligible to satisfy its intangible Tax filing requirement and elegate to do so. After May 1. Fee is \$50.00 Make Check Payable to Department of State III. OFFICERS AND DIRECTORS III. West Palm Beach, Fl 33413 Make Check Payable to Department of State III. West Palm Beach, Fl 33413 III. P Cutcher, David W. III. West Palm Beach, Fl 33413 III. West Palm Beach, Fl 33467 III. III. Lake Worth, Fl 33467 III. III. Lake Worth, Fl 33467 III. West Palm Beach, Fl 33467 III. III. III. Lake Worth, Fl 33467 III. III. III. Lake Worth, Fl 33467 III. III. Lake Worth, Fl 33467 III. III. III. Lake Worth, Fl 33467 III. III. Lake Worth, Fl 33467 III. | 334 | 17 : Palm Beach | 33467 | Pa 1 | _ ~ ~ | | Fee Req | uired | _[|
| The phove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature | . | | | | | 7. Name and Address of Current Reg | istered Agent | | |
| IN THIS SPACE IT 1st Sreet West Palm Beach, F1 33413 Zp Code 8. The phove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The phove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATIVE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICE | DO NOT WRITE | | | | Cutcher, David W | | | | |
| B. The phove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Roids. Signatur, head or present name of implaced apert and use 1 applicable. (NOTE Programme Agent Explacible Control of Professional Series) (NOTE Programme Agent Explacible Control of Professional Agent Explacible Control of | | | | | | | | | |
| 8. The gbove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATI_FE | IN THIS SPACE | | | - | | | | | |
| 8. The gibove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNAT Floor Signatur, head or prediction of application agent and ten (application. NOTE Registered Agent specimen incured when rentating) DATE | | | | ı | City | mest Palm Beach, | FI Zip C | ode | ┪ |
| SIGNATI/FE SIGNATI/FE Signature, hood or printed name of registence populated to the flagolociable. Signature is supposed appear to make the proper sound to the flagolociable. Signature is supposed appear to make the suppo | 8. The above | named entity submits this statement for | the purpose of changing its | registere | d office or register | and agent, or both, in the State of Florida | | | \dashv |
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. DRAWE 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. DRAWE 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. DRAWE 11. DRAWE 11. OFFICERS AND DIRECTORS 11. DRAWE 11. OFFICERS AND DIRECTORS 11. DRAWE 11. DRAWE 12. DRAWE 13. DRAWE 13. DRAWE 14. DRAWE 15. DO NOT WRITE 16. DRAWE 17. DRAWE 17. DRAWE 18. DRAWE | .7 | • | | | - aov a. rogio.o | oo ago.n, or som, in the state of his long. | • | | 1 |
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. DIRECTORS 11. OFFICERS AND DIRECTORS 11. DIRECTORS 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS | | | | | | | | | 1 |
| Tax filing requirement and elects to do so. (See criteria on back) TILE NAME P Cutcher, David W. STREET ADDRESS CITY-ST-2P TITLE NAME VP STREET ADDRESS Cutcher, Steven J. STREET ADDRESS Cutcher, Steven J. STREET ADDRESS CUtcher, William D. STREET ADDRESS Cutcher, William D. STREET ADDRESS STREET A | | | | | | when reinstating) | DATE | <u></u> | _] |
| TILLE THE WEST PAIN BEACH, F1 33413 THE WAME STRETADDRESS CITY-ST-JIP THUE WEST PAIN BEACH, F1 33413 THE WAME STRETADDRESS CITY-ST-JIP THE Lake Worth, F1 33467 THE THE THE THE THE THE THE TH | Tax filing requirement and elects to do so. After May 1. Amended | | | | \$550.00 \$61.25 | Trust Fund Contribution. | | i.00 May Be ded to Fees | |
| NAME STREET ADDRESS CITY-ST-ZIP CLUTCHER, David W. 171 1st Street TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TOTAL CLUTCHER, Steven J. 3423 Baltusrol Lane TC CLUTCHER, William D. STREET ADDRESS CITY-ST-ZIP TOTAL Lake Worth, F1 33467 TOTAL STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TOTAL STREET ADDRES | 11. | OFFICERS AND D | | to Dep | Partitions of Stat | 9 | | | 4 |
| Cutcher, David W. 171 1st Street Cutcher, David W. 171 1st Street West Palm Beach, F1 33413 THE NAME VP SIRET ADDRESS Cutcher, Steven J. 3423 Baltusrol Lane TILE NAME SIRET ADDRESS CITY-ST-ZP Cutcher, William D. Cutcher, William D. 3423 Baltusrol Ln CITY-ST-ZP Cutcher, William D. 3423 Baltusrol Ln THE NAME SIRET ADDRESS CITY-ST-ZP Cutcher, William D. Cutcher, William D. SIRET ADDRESS CITY-ST-ZP TITLE NAME 3423 Baltusrol Lane Addition Lake Worth, F1 33467 TITLE NAME AMAE SIRET ADDRESS CITY-ST-ZP TITLE NAME | TITLE | | | TITLE | 1 | | | | ने इ |
| ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL TO | - (| - | _ | | | 1 | , | | 12 |
| West Palm Beach, F1 33413 THE NAME VP SIREFADORESS CITY-ST-2P CUtcher, Steven J. 3423 Baltusrol Lane TL Lake Worth, F1 33467 TC CITY-ST-2P CUtcher, William D. CITY-ST-2P TITLE NAME Lake Worth, F1 33467 TL Lake Worth, F1 33467 TO TITLE NAME SIREFADORESS CITY-ST-2P CUtcher, Shirley R. SIREFADORESS CITY-ST-2P SIREFADORESS CITY-ST-2P CUtcher, Shirley R. SIREFADORESS CITY-ST-2P SIREFADORESS | | | • | | | | , | | 8 |
| NAME SIRET ADDRESS CITY-ST-ZIP TILE Lake Worth, F1 33467 TILE CITY-ST-ZIP CITY-ST-ZIP TITLE Lake Worth, F1 33467 TITLE CITY-ST-ZIP CUtcher, William D. SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TITLE CUtcher, Shirley R. 3423 Baltusrol Lane Addition Lake Worth, F1 33467 SIRET ADDRESS CITY-ST-ZIP TITLE Cutcher, Shirley R. 3423 Baltusrol Lane Addition Lake Worth, F1 33467 SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TITLE AMME SIRET ADDRESS CITY-ST-ZIP TITLE MAME TITLE MAME TITLE MAME MAME TITLE MAME MAME MAME MAME MAME MAME | TITLE | West Palm Beach, | F1 33413 | - | | | | | CR2E034B (12/01) |
| TOUCH | NAME | | | | - | | | | 18 |
| TOTAL Lake Worth, F1 33467 STREET ADDRESS CITY-ST-ZIP TOTAL Lake Worth, F1 33467 TOTAL Lake Worth, F1 33467 STREET ADDRESS CITY-ST-ZIP TOTAL Lake Worth, F1 33467 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TOTAL LAKE Worth, F1 33467 STREET ADDRESS CITY-ST-ZIP TOTAL LAKE Worth, F1 33467 STREET ADDRESS CITY-ST-ZIP TOTAL LAKE Worth, F1 33467 | I | Cutcher, Steven | J. | | 7 | | | | |
| NAME STREET ADDRESS CITY-SI-ZIP CUtcher, William D. CITLE NAME Lake Worth, F1 33467 TITLE NAME STREET ADDRESS CITY-SI-ZIP CUtcher, Shirley R. STREET ADDRESS CITY-SI-ZIP TITLE NAME 3423 Baltusrol Lane Lake Worth, F1 33467 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE NAME TITLE NAME NAME TITLE NAME NAME | | Jake Worth F1 | 33467 | - | I-ZIP | | | | 4 |
| CITY-ST-ZIP Cutcher, William D. 3423—Baltusrol En TITLE NAME Lake Worth, F1 33467 SIREET ADDRESS CITY-ST-ZIP Cutcher, Shirley R. 3423 Baltusrol Lane Addition Lake Worth, F1 33467 TITLE NAME 3423 Baltusrol Lane Addition Lake Worth, F1 33467 TITLE NAME | | Dake NOITH, FI | 33407 | | | | - | | |
| TITLE NAME Lake Worth, F1 33467 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3423 Baltusrol Lane Addition Lake Worth, F1 33467 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | J | T Cutcher William | D | STREET | AODRESS | DO NOT W | DITE | | - |
| NAME NAME STREET ADDRESS CITY-ST-ZIP SCHOOLSS CITY-ST-ZIP TITLE NAME 3423 Baltusrol Lane Addition STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME | | | | | T-ZIP | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE Cutcher, Shirley R. TITLE NAME 3423 Baltusrol Lane Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME | | | | | ; | IN THIS SP | ACE | | |
| Cutcher, Shirley R. 3423 Baltusrol Lane Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME | | | | | ADDRESS | | | | 1 |
| NAME 3423 Baltusrol Lane Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME | CITY-ST-ZIP | | | CITY-ST | r- zip <u>.</u> | | | | } |
| STREET ADDRESS Lake Worth, F1 33467 STREET ADDRESS CITY-ST-ZIP INTLE NAME NAME | | | | TITLE | Í | | | | 7 |
| CITY-ST-ZIP CITY-ST-ZIP IITLE NAME NAME | | | | _ | ADDRESS | | | | |
| MAME NAME | 1 | | | | | • • | | ļ | |
| | | | | TITLE | ſ | | | | 1 |
| onici receips ■ SZRECI NORS | | | | | 1 | | | | |
| CITY-ST-ZIP CITY-ST-ZIP | | | | | i | | | | 1 |
| 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. | 13. I hereby cer indicated or of the corporattachment | rtify that the information supplied with thi in this report or supplemental report is tru oration or the receiver or trustee empow with an address, with all other like empo | s filing does not qualify for the and accurate and that my ered to execute this report awered. | ne exemn | ition stated in Sect | ion 119.07(3)(i), Florida Statutes. I furthe me legal effect as if made under oath; th , Florida Statutes; and that my name ap | er certify that the nat I am an office pears in Block 1 | information er or director 1 or on an | |