

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018177

1. Entity Name

SHUTTER SOLUTIONS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90133 010 ***150.00

Principal Place of Business

Mailing Address

BIGGERS, DOUGLAS. W
526 ALLENDALE RD
KEY BISCAYNE FL 33149
US

BIGGERS, DOUGLAS. W
526 ALLENDALE RD
KEY BISCAYNE FL 33149-1811
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0806429

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIGGERS, DOUGLAS W
526 ALLENDALE RD
~~2665 S BAYSHORE DRIVE SUITE 900~~
KEY BISCAYNE FL 33149

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BUZZELLA, DAVID R
STREET ADDRESS 761 BEAR CREEK CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME RODRIQUEZ, HENRY
STREET ADDRESS 9139 S.W. 69TH COURT
CITY-ST-ZIP MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME BIGGERS, DOUGLAS W
STREET ADDRESS 526 ALLENDALE ROAD
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)