

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

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90109 044 ***150.00

DOCUMENT # 097000018177	
1. Entity Name	
SHUTTER SOLUTIONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 526 ALLENDALE ROAD Suite, Apt. #, etc.		3. Mailing Address 526 ALLENDALE ROAD Suite, Apt. #, etc.	
City & State KEY BISCAVNE, FL		City & State KEY BISCAVNE, FL	
Zip 33149	Country USA	Zip 33149	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0806429		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BIGGERS, DOUGLAS W.
Street Address (P.O. Box Number is Not Acceptable)
526 ALLENDALE RD

City KEY BISCAVNE **FL** **Zip Code** 33149

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUZZELLA, DAVID R. 4984 COURLAND LOOP WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIGGERS, DOUGLAS W. 526 ALLENDALE RD KEY BISCAVNE, FL 33149
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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:  DOUGLAS W. BIGGERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 361-2282

Daytime Phone #