

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90169 004 ***150.00

DOCUMENT # P97000039667

1. Entity Name
ROGER NUTT, INC.



Principal Place of Business
**129 IMPERIAL HEIGHTS DRIVE
ORMOND BEACH FL 32176**

Mailing Address
**129 IMPERIAL HEIGHTS DRIVE
ORMOND BEACH FL 32176**

2. Principal Place of Business
120 IMPERIAL HGTS. DR.
Suite, Apt. #, etc.

3. Mailing Address
120 IMPERIAL HGTS. DR.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3455707**

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

NUTT, JANET-KAYE
129 IMPERIAL HEIGHTS DRIVE
ORMOND BEACH FL 32176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janet K. Nutt*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12 April 2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **ROGER L NUTT**
STREET ADDRESS **129 IMPERIAL HEIGHTS DR**
CITY-ST-ZIP **ORMOND BCH FL 32176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **JANET K NUTT**
STREET ADDRESS **129 IMPERIAL HEIGHTS DR**
CITY-ST-ZIP **ORMOND BCH FL 32176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet K. Nutt* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 April 2003 *386 441 5852*
Date Daytime Phone #

CR2E034 (10/02)