

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90089 021 ***150.00

0541759 AV

DOCUMENT # P97000079457

1. Entity Name

STUTZMAN GROUP, INC.

Principal Place of Business

**3165 HOMER STREET
 SUITE C
 CLEARWATER FL 33760
 US**

Mailing Address

**3165 HOMER STREET
 SUITE C
 CLEARWATER FL 33760
 US**

2. Principal Place of Business

13736 MATTIX AVE
 Suite, Apt. #, etc.

3. Mailing Address

13736 MATTIX AVE
 Suite, Apt. #, etc.
HUDSON FLORIDA

City & State

HUDSON FLORIDA

City & State

HUDSON FLORIDA

Zip

34667

Country

U.S.A

Zip

34667

Country

U.S.A

4. FEI Number

59-3469878

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**STUTZMAN, TOD A
 3165 HOMER STREET
 SUITE C
 CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name **TOD ALLAN STUTZMAN**
 Street Address (P.O. Box Number is Not Acceptable)
13736 MATTIX AVE
HUDSON
 City **FL** Zip Code **34667**

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

TOD ALLAN STUTZMAN

T. Stutzman

1/15/02

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **STUTZMAN, TOD A**
 STREET ADDRESS **3165 HOMER STREET, SUITE C**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **STUTZMAN TOD A**
 STREET ADDRESS **13736 MATTIX AVE.**
 CITY-ST-ZIP **HUDSON, FL 34667**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 **877-570-9734**
 Date Daytime Phone #

CR2E034 (9/01)