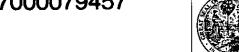
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P97000079457 **DOCUMENT #**

1. Entity Name STUTZMAN GROUP, INC.



FILED							
Jan 08, 2003 8:00 am							
Secretary of State							

01-08-2003 90091 013 \*\*\*150.00

				VI ST			
Principal Place of Business 13136 MATTIX AVE. HUDSON FL 34667 US		Mailing Address 13136 MATTIX AVE. HUDSON FL 34667 US	13136 MATTIX AVE. HUDSON FL 34667				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		) (301100) tim )Trift 66311 00111 purat nezit datu.	144:0 16:11 9:401 9:51 (501 150)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59-3469878	Applied For Not Applicable	
Zip	Country	Zip	Count	ry _	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			
STUTZMAN, TOD A 13136 MATTIX AVE. HUDSON FL 34667				Name Street Address (P.O. Box Number is Not Acceptable)			
				City	F		
8. The above named the obligations of		nent for the purpose of chang	ing its registere	d office or registe	red agent, or both, in the State of Florida. I ar	n familiar with, and accept	
SIGNATURE Signature	a, typed or printed name of registers	ad agent and title if applicable.	(NOTE: Registered	Agent signature require	d when reinstating) DATE		
After May	OW!!! FEE IS \$150.0 1, 2003 Fee will be \$55 ble to Florida Departm	50.00			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	ZMAN TOD A	☐ Delete	e TITLE			Change Addition	

13736 MATTIX AVE. STREET ADDRESS STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME

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 the empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Tas Acian STUTMAN