

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State
 09-08-2002 90124 016 ***550.00

DOCUMENT # P98000057348

1. Entity Name
CUTTER INDUSTRIES, INC.

Principal Place of Business
370 RIDGEWOOD RD
KEY BISCAYNE FL 33149

Mailing Address
370 RIDGEWOOD RD
KEY BISCAYNE FL 33149

B0136785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0846366**

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

STICKNEY, TIMOTHY P
104 CRANDON BLVD., STE. 309
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, 2002 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 **DPST** ☐ Delete
NAME **EISENHOUR, JOHN M**
STREET ADDRESS **370 RIDGEWOOD RD**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

18-30-02 **305-361-5296**
 Date Daytime Phone #

CR2E034 (9/01)

Attach memo

L&CO

LEADER & COMPANY, CERTIFIED PUBLIC ACCOUNTANTS, P.A.

May 30, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: **Cutter Industries, Inc.**

Document # P98000057348

Dear Sir or Madam:

Enclosed you will find the 2002 Uniform Business Report and a check for \$150.00.

This form was received in January 2002 and set aside so it would be paid in April 2002. Our client was in Costa Rica in March 2002 and most of April 2002. Unfortunately, this form was misplaced and was not filed and paid for on time.

Please take into consideration that our client has always paid their Uniform Business Reports on time as well as other tax forms in a timely manner.

We respectfully ask that you abate the \$400.00 penalty due to the fact that this action was not intentional but simply an error.

Thanking you in advance for your assistance and understanding.

Sincerely,
Leader & Company, C.P.A., P.A.

Paul F. Leader
Paul F. Leader
Certified Public Accountant

Cc: **Cutter Industries, Inc.**

Paul F. Leader, C.P.A. Jacqueline M. Leader, C.P.A.

Members: American Institute of Certified Public Accountants & Florida Institute of Certified Public Accountants
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