

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106996

1. Entity Name
DUTTER DESIGN & CONSULTING, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90010 023 ***150.00

Principal Place of Business

2641 MCCORMICK DR
STE 101
CLEARWATER FL 33759

Mailing Address

2641 MCCORMICK DR
STE 101
CLEARWATER FL 33759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2629 McCormick Dr

3. Mailing Address

2629 McCormick Dr

Suite, Apt. #, etc.

Clearwater FL

Suite, Apt. #, etc.

Clearwater, FL

City & State

Clearwater FL

City & State

Clearwater, FL

Zip
33759

Country
US

Zip
33759

Country
US

4. FEI Number **65-0884921**

Applied For

Not Applicable

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

DUTTER, RICHARD K
214 LOTUS DRIVE
SAFETY HARBOR FL 34695

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, 2001 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 **D** ☐ Delete
NAME **DUTTER, RICHARD K**
STREET ADDRESS **214 LOTUS DRIVE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 723-1612

CR2E034 (10/00)