

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

DOCUMENT # **P99000008427**

1. Entity Name  
**CUTTIN' UP, INC.**



Principal Place of Business  
7253 N.W. 4TH BLVD.  
GAINESVILLE FL 32607

Mailing Address  
7253 N.W. 4TH BLVD.  
GAINESVILLE FL 32607

2. Principal Place of Business

**14206 Newberry Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**14206 Newberry Road**  
Suite, Apt. #, etc.

City & State

**Newberry, Florida**  
Zip **32669**

City & State

**Newberry, Florida**  
Zip **32669**

4. FEI Number

**59-3555580**

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

**HOCHMAN, MARILYN J  
1420 ALAFAYA TRAIL  
SUITE 101  
OVIDEO FL 32765**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

**D  
LAVENDER, WHITNEY  
7253 N.W. 4TH BLVD.  
GAINESVILLE FL 32607**

Delete

**11.**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

**D  
LAVENDER, WHITNEY II  
14206 Newberry Road  
Newberry, Florida 32669**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

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:** *Whitney Lavender II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-03 (352) 978-1960**

Daytime Phone #

Date

CR2E034 (10/02)