

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000027870**

1. Entity Name

LISA MCCUTCHEON PERMITTING SERVICES INC.**FILED****Mar 16, 2000 8:00 am**
Secretary of State

03-16-2000 90094 036 ***150.00

Principal Place of Business

Mailing Address

1337 OSPREY NES LANE
PORT ORANGE FL 32124**1337 OSPREY NES LANE**
PORT ORANGE FL 32124-7161

2. Principal Place of Business

170 BRYAN CAVE ROAD

Suite, Apt. #, etc.

3. Mailing Address

170 BRYAN CAVE ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SOUTH DAYTONA, FL

City & State

SOUTH DAYTONA, FL

4. FEI Number

59-3585775

Applied For

Not Applicable

Zip

32119

Country

Zip

32119

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

MCCUTCHEON, LISA**~~1337 OSPREY NES LANE~~ 170 BRYAN CAVE ROAD**
~~PORT ORANGE FL 32124~~ SOUTH DAYTONA, FL 32119

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, 2000 Fee will be \$550.00**
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT
LISA MCCUTCHEON
170 BRYAN CAVE ROAD
SOUTH DAYTONA, FL 32119TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VICE PRESIDENT
DAVID MCCUTCHEON
170 BRYAN CAVE ROAD
SOUTH DAYTONA, FL 32119TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

3/13/00
Date**(904) 451-2440**
Daytime Phone #