2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000064956** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name CUTITLE, INC. 04-21-2000 90031 041 ***150.00 Principal Place of Business Mailing Address 1903 SOUTH CONGRESS AVENUE #100 1903 SOUTH CONGRESS AVENUE #100 BOYNTON BEACH FL 33426-6553 **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State -65-0966459 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEIDGERD, FREDERICK C Box Number is Not Acceptable Street Address (P.Q. 100 321 S.E. 15TH AVENUE FORT-LAUDERDALE-FL 33301 ment or the pur<u>pose of</u> changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state SIGNATURE (NOTE: Registered Agent signature required when reinstating) t and little if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITL F TITL F HEIDGERD, FREDERICK C NAME STREET ADDRESS STREET ADDRESS 321 S.E. 15TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Change Addition ☐ Delete TITLE TITLE TRIMMIER, C. STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 2737 HIGHLAND AVENUE CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35205** ☐ Change X X Addition TITLE ☐ Delete TITLE Executive Vice President NAME Tanet A. Colavito STREET ADDRESS STREET ADDRESS 903 S Congress Ave suite 100 CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, Fl 33426 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS TREET ADORESS CITY-ST-ZIP Y-ST-ZIP 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 of dicated on this report or suppliemental 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 the corporation or the receiver or trustee empowered in execute this report a course by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date