

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066113

1. Entity Name

CLUTCH CONSTRUCTION & DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

21459 JUEGO CIRCLE, #308
BOCA RATON FL 33433

PO BOX 880209
BOCA RATON FL 33488-0209
US

2. Principal Place of Business

2061 NW 2 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 206

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33431

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTTGER, TIMOTHY J
21459 JUEGO CIRCLE, #308
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

500 LOCK RD #6

City

DEERFIELD BEACH

FL

Zip Code

33442

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)

Timothy J. Bottger
1/5/01

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

TITLE D
NAME BOTTGER, TIMOTHY J
STREET ADDRESS 21459 JUEGO CIRCLE, #308
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TIMOTHY J. BOTTGER
STREET ADDRESS 500 LOCK RD #6
CITY-ST-ZIP DEERFIELD BEACH, FL 33442 ☒ Change ☐ Addition

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

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

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

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

TITLE
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)(l), 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

1/5/01

(561) 994-9078

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90066 001 ***150.00
01-22-2001 90066 002 *****8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0936809

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (10/00)

0581855