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

## DOCUMENT #

P99000067407

1. Entity Name RGSTUTTS, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90824 032 \*\*\*150.00

Principal Place of Business 818 LAKE MARION DR ALTAMONTE SPRINGS FL 32701 US 2. Principal Place of Business 836 GARJEN GLEN LOOP				Mailing Address 818 LAKE MARION DR ALTAMONTE SPRINGS FL 32701 US								
				3. Mailing Address 836 GARDEN GLEN LOOP			<b>D</b>	-				
Suite, Apt.	#, etc.		Sı	uite, Apt. #, etc.				CHECK HERE IF MA	KING CH	IANGES		
City & State	& State KE MARY, FL			1 - M - 17 / 1		FL 4.		FEI Number <b>59-3590943</b>		Applied For Not Applicable		
Zip 3274	746 Country 45			Zip Cour 32746		<i>us</i> 5.		Certificate of Status Desired	Fee	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						ame	7. N	Name and Address of New Regist	ered Age	nt 	•	1
STUTTS, ROBERT G 818 LAKE MARION DR							ess (P.O. B	ox Number is Not Acceptable)				
ALTAMONTE SPRINGS FL 32701						ity			FL	Zip Code	e	
the obligati	ions of regist	obed L	atement for the pu	<b>45</b>	registered of			ent, or both, in the State of Florida.	1 am fami / 6 / 2 DATE		and accept	
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 \$5.00 May Be Trust Fund Contribution.				
10.			ER\$ AND DIREC		11.		AD	DITIONS/CHANGES TO OFFICERS		,		ړ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	818 LAKE	Robert G Marion Dr Ite Springs I	FL 32701-7973	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	DRESS 7	134 G	T G. STUTTS MARGEN GLEN LOW MARY, FL 3274	_	Change	☐ Addition	F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		• 18. See		☐ Delete	TITLE NAME STREET ADI	DRESS				Change .	☐ Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP			المنابعة المعادية ا	☐ Delete	TITLE - NAME - STREET ADI		and a manager	and the second of the second o		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADI CITY-ST-Z					) Change	☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADI	DRESS				Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR