FILED
Jun 16, 2002 8:00 am
Secretary of State
05-22-2002 90236 029 ***150.00

35450

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067732

1. Entity Name: Cutterkant Marketing USA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 13163 Thonotosassa Rd
Suite, Apt #, etc.
City & State: Dover, FL
Zip: 33527 Country: USA

3. Mailing Address: 13163 Thonotosassa Rd.
Suite, Apt. #, etc.
City & State: Dover, FL
Zip: 33527 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3590288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Jimmy A. Jackson
Street Address (P.O. Box Number is Not Acceptable): 13163 Thonotosassa Rd.
City: Dover FL Zip Code: 33527

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: Jim A. Jackson
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Jimmy A. Jackson
STREET ADDRESS	13163 Thonotosassa Rd.
CITY-ST-ZIP	Dover, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jim A. Jackson Jimmy A. Jackson 5/1/02 813-986-2018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #