

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107004

1. Entity Name

TULOTTA TECHNOLOGIES, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90124 011 ***150.00

Principal Place of Business Mailing Address
5201 MAHOGANY DRIVE 5201 MAHOGANY DRIVE
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436

80008940

2. Principal Place of Business 3. Mailing Address
7130 Golden View PL 7130 Golden View PL
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
Lakeworth FL Lakeworth FL
Zip Country Zip Country
33467 USA 33467

4. FEI Number Applied For
65-0966953 Not Applicable
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
CORTINA-TULOTTA, MICHELLE Name Michelle Cortina-Tulotta
5201 MAHOGANY DRIVE Street Address (P.O. Box Number is Not Acceptable)
BOYNTON BEACH FL 33436 7130 Golden View PL
City Lakeworth FL Zip Code 33467

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 *Michelle Cortina-Tulotta* DATE 01-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTINA-TULOTTA, MICHELLE		NAME		
STREET ADDRESS	5201 MAHOGANY DRIVE		STREET ADDRESS	7130 Golden View PL	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	Lakeworth, FL 33467	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULOTTA, JODY		NAME		
STREET ADDRESS	5201 MAHOGANY DRIVE		STREET ADDRESS	7130 Golden View PL	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	LAKEWORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

Michelle Cortina-Tulotta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-833-9920

CP2F034 (10-01)