2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am DOCUMENT # **P99000110090** 1. Entity Name Secretary of State DUTTER REALTY COM. INC. 03-28-2000 90042 001 ***150.00 Mailing Address Principal Place of Business 2641 MCCORMICK DRIVE 2641 MCCORMICK DRIVE SUITE 101 SUITE 101 CLEARWATER FL 33759 **CLEARWATER FL 33759** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number <u>59 - 3614587</u> Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUTTER, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 2641 MCCORMICK DRIVE SUITE 101 **CLEARWATER FL 33759** City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. P/s/r Addition Change Delete TITLE TITLE NAME NAME KAREN DUTTER 2641 McCormick Drive Suite 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Clearwater FI 33759 Change Addition Delete TITLE TITLE NAME CHARLES BRENNY DRIVE, SUITE 101 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP clear water <u>fl</u> ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TOTALE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of the corporation or the receiver or trustee changed, or on an attachment with Applied like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

727-723-1612