

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110090

1. Entity Name
DUTTER REALTY.COM, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90273 001 ***300.00

Principal Place of Business 2641 MCCORMICK DRIVE SUITE 101 CLEARWATER FL 33759	Mailing Address 2641 MCCORMICK DRIVE SUITE 101 CLEARWATER FL 33759
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2. Principal Place of Business 2629 McCormick Dr Suite, Apt. #, etc.	3. Mailing Address 2629 McCormick Dr Suite, Apt. #, etc.
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City & State Clearwater FL 33759	City & State Clearwater, FL 33759
Zip 33759	Country US

4. FEI Number 59-3614587	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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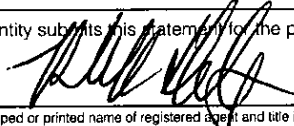
6. Name and Address of Current Registered Agent

DUTTER, RICHARD K
2641 MCCORMICK DRIVE
SUITE 101
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name
Richard K. Dutter
Street Address (P.O. Box Number is Not Acceptable)
2629 McCormick Dr
City
Clearwater FL Zip Code
33759

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  DATE 2-5-01
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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DUTTER, KAREN 2641 MCCORMICK DR STE 101 CLEARWATER FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Karen Dutter 2629 McCormick Dr Clearwater, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRENNY, CHARLES 2641 MCCORMICK DR STE 101 CLEARWATER FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Charles Brenny 2629 McCormick Dr Clearwater, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  RICHARD K DUTTER 2-5-01 (727) 723-1612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR/Reg Agent Date Daytime Phone #

CR2E034 (10/00)