2002 Uniform Business Report (UBR)

changed, or on an attachm

SIGNATURE:

Mar 27, 2002 8:00 am Secretary of State P99000110090 DOCUMENT # 1. Entity Name 03-27-2002 90024 007 ***150.00 DUTTER REALTY.COM, INC. Principal Place of Business Mailing Address 2629 MCCORMICK DRIVE 2629 MCCORMICK DRIVE 610944 **CLEARWATER FL 33759 CLEARWATER FL 33759** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3614587 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUTTER, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 2629 MCCORMICK DRIVE? 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. SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PST CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME DUTTER. KAREN NAME STREET ADDRESS 2629 MCCORMICH DRIVE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33759 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME BRENNY, CHARLES NAME STREET ADDRESS 2629 MCCORMICK DRIVE STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33759** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing floes not flualify 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 of true exemptions as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED