

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90431 015 ***150.00

DOCUMENT # **S65048**

1. Entity Name

FLORA CUTTINGS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5141 Fearnley Rd.

Suite, Apt. #, etc.

3. Mailing Address

5141 Fearnley Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, Florida

City & State

LAKE WORTH, Florida

4. FEI Number

65-0282529

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PAUL MILLER

Street Address (P.O. Box Number is Not Acceptable)

5141 Fearnley Rd.

LAKE WORTH

City

FL

Zip Code

33467

**DO NOT WRITE
IN THIS SPACE**

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

Paul Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**Pres. V.P. Sec.
PAUL MILLER
5141 Fearnley Rd.
LAKE WORTH, Florida 33467**

TITLE
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IN THIS SPACE**

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: **PAUL MILLER** *Paul Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (561)718-9176

Date

Daytime Phone #

CR2E034B (12/01)