

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91017 045 \*\*\*150.00

<b>DOCUMENT #</b> V29884
<b>1. Entity Name</b> SUTERA SECURITIES, INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2000 ROYAL MARCO WAY Suite, Apt. #, etc. UNIT BC 16 City & State MARCO ISLAND FL Zip 34145	<b>3. Mailing Address</b> 2000 ROYAL MARCO WAY Suite, Apt. #, etc. UNIT BC 16 City & State MARCO ISLAND FL Zip 34145
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**DO NOT WRITE IN THIS SPACE**

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 04-2807256	<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	Name SUTERA, LEO Street Address (P.O. Box Number is Not Acceptable) 2000 ROYAL MARCO WAY, UNIT BC 16 City MARCO ISLAND FL Zip Code 34145	

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP D SUTERA, LEO 2000 ROYAL MARCO WAY, BC 16 MARCO ISLAND FL 34145	TITLE NAME STREET ADDRESS CITY - ST - ZIP D SUTERA, BARBARA 2000 ROYAL MARCO WAY, BC 16 MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP D SUTERA, VINCENT J. 41 TOWER HILL RD. NORTH READING MA 01864	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
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**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Leo Sutura*

**DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/18/03*

978-535-2295

Daytime Phone #