

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90724 017 ***550.00

DOCUMENT # V69334

1. Entity Name

CUTTER COVE DEVELOPMENT CORP.

Principal Place of Business

**1253 PARK STREET
 CLEARWATER FL 34616**

Mailing Address

**1253 PARK STREET
 CLEARWATER FL 34616**

2. Principal Place of Business

1208 S. Myrtle Ave

3. Mailing Address

1000 Pinellas Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL.

City & State

Clearwater, FL.

Zip

33756

Country

USA

Zip

33756-3433

Country

USA

4. FEI Number

59-3162633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, R. CARLTON

1253 PARK STREET

CLEARWATER FL ~~34624~~ 33756

Name

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

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PVST
 RYAN, JOHN M
 69 JOHN ST. SOUTH, STE. 310
 HAMILTON, ONTARIO CANADA** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PVST
 RYAN, John M
 437 St. Andrews Dr.
 Clearwater, FL. 33756** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 RYAN, JOHN M
 69 JOHN ST. SOUTH, STE. 310
 HAMILTON, ONTARIO CANADA** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Ryan, John M.
 437 St. Andrews Dr.
 Clearwater, FL. 33756** ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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 all other like empowered.

SIGNATURE:

John M. Ryan

MAY 21/02 727-461-0859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)