

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90061 010 ***150.00

DOCUMENT # P99000063752

1. Entity Name
BUTTONS UNLIMITED, INC.

Principal Place of Business

Mailing Address

~~4604 CONCORDIA LANE~~
~~BOYNTON BEACH FL 33436~~

POST OFFICE BOX 3027
 BOYNTON BEACH FL 33424

2. Principal Place of Business

7629 TRENTON DRIVE

3. Mailing Address

P.O. Box 243827

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

City & State
BOYNTON BEACH, FL

4. FEI Number **65-0939192**

Applied For
 Not Applicable

Zip **33467** **Country** **USA**

Zip **33424** **Country** **USA**

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ **DATE** _____
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)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PSTD DEAN, TINA M 4604 CONCORDIA LANE 7629 TRENTON DRIVE BOYNTON BEACH FL 33436 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V DEAN, SCOTT C 4604 CONCORDIA LANE 7629 TRENTON DRIVE BOYNTON BEACH FL 33436 LAKE WORTH, FL 33467
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: SIGNATURE OF TINA M DEAN **2-16-02** **(561) 433-2525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)