

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90076 043 ***158.72

DOCUMENT # V49890

1. Entity Name

BUTLER LEMONS DESIGN, INC.

Principal Place of Business

55 E. WASHINGTON ST
 ORLANDO FL 32801
 US

Mailing Address

55 E. WAHSINGTON ST
 ORLANDO FL 32801
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

55 E. Washington St.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3140272

Applied For
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, RICHARD GUY A.
 1554 WATERWITCH DRIVE
 ORLANDO FL 32806**

7. Name and Address of New Registered Agent

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, 2000 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 | D | <input type="checkbox"/> Delete |
| NAME | LEMONS, TIMOTHY J. | |
| STREET ADDRESS | 2916 NORTH WOOD BLVD | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUTLER, RICHARD GUY A. | |
| STREET ADDRESS | 1554 WATERWITCH DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | ROMERO, DANIEL | |
| STREET ADDRESS | 975 E STONEWOOD LN | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MOOREFIELD, KAREN | |
| STREET ADDRESS | 1251 RAVIDA WOODS DR | |
| CITY-ST-ZIP | APOPKA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILSON, RICHARD | |
| STREET ADDRESS | 1400 BERWYN RD | |
| CITY-ST-ZIP | ORLANDO FL 32806 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SAINT-LAURENT, DEBRA | |
| STREET ADDRESS | 2502 DEPAUW | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------------|--|
| TITLE | Director/President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2502 DePauw | |
| CITY-ST-ZIP | Orlando, FL 32801 | |
| TITLE | Director, Sr. Vice President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | -Orlando, FL 32806- | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lemons, Debra | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000

Date

407-648-8888

Daytime Phone #