## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # V49890** 1. Entity Name BUTLER LEMONS DESIGN, INC. 04-12-2000 90076 043 \*\*\*158.72 Principal Place of Business Mailing Address 55 E. WAHSINGTON ST 55 E. WASHINGTON ST ORLANDO FL 32801 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business 55 E. Washington St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3140272 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUTLER, RICHARD GUY A. Street Address (P.O. Box Number is Not Acceptable) 1554 WATERWITCH DRIVE ORLANDO FL 32806 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Director/ Hesidens TITLE ☐ Delete TITLE LEMONS, TIMOTHY J. NAME NAME 2502 DePano 2916 NORTH WOOD BLVD STREET ADDRESS STREET ADDRESS Orlando, FL 32801 Director, Sr. Vice President Demange CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32803 ☐ Delete TITLE TITLE BUTLER, RICHARD GUY A. NAME NAME STREET ADDRESS STREET ADDRESS 1554 WATERWITCH DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Defete TITLE ☐ Addition TITLE ROMERO, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 975 E STONEWOOD LN CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOOREFIELD, KAREN NAME NAME 1251 RAVIDA WOODS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL Change ☐ Addition □ Delete TITLE TITLE WILSON, RICHARD NAME STREET ADDRESS 1400 BERWYN RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32806 Change Addition ☐ Delete TITLE Lemons, Debra SAINT-LAURENT, DEBRA NAME STREET ADDRESS STREET ADDRESS 2502 DEPAUW CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP 13. I hereby certify that the information supplied with this tiling Wes 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 to of the corporation or the receiver or trusted empew the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director were no execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR