

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838423

1. Entity Name

O'NEALL, BUTLER AND ASSOCIATES, LTD., INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90126 022 ***150.00

Principal Place of Business

2425 MILLCREEK CT.
#2
TALLAHASSEE FL 32308
US

Mailing Address

2425 MILLCREEK CT.
#2
TALLAHASSEE FL 32308
US

2. Principal Place of Business

3120 Flastacowo Camp Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

Country

Country

4. FEI Number

13-2876382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEALL, LINDA R.
3120 FLASTACOWO RD
TALLAHASSEE FL 32310

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 re-stating)

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, 2001 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 PD
NAME O'NEALL, LINDA R.
STREET ADDRESS 3120 FLASTACOWO RD
CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ Delete

TITLE VD
NAME BUTLER, BETH
STREET ADDRESS 9601 MICCOSUKEE RD. #14
CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0027288

CR2E034 (10/00)