

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90134 009 ***150.00

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DOCUMENT # F96000002220

1. Entity Name

ARGONAUT DEVELOPMENT GROUP, INC.



Principal Place of Business

**3900 S. ROOSEVELT BLVD
KEY WEST FL 33040**

Mailing Address

**3900 S. ROOSEVELT BLVD
KEY WEST FL 33040**

2. Principal Place of Business

3685 SeaSide Dr

Suite, Apt. #, etc.

Suite 2

3. Mailing Address

3685 SeaSide Dr.

Suite, Apt. #, etc.

Suite 2

City & State

Key West, FL

City & State

Key West, FL

Zip

33030

Country

Zip

33040

Country

4. FEI Number

65-0698903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BUTLER, ROBERT A

3900 SOUTH ROOSEVELT BLVD

KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

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

3685 SeaSide Dr., Suite 2

City **Key West**

FL

Zip Code **33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/07/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **BUTLER, ROBERT A**
STREET ADDRESS **9710 MIDDLETON RIDGE ROAD**
CITY-ST-ZIP **VIENNA VA 22182**

TITLE **WC** ☐ Delete
NAME **WALDRON, PAUL L**
STREET ADDRESS **% 1055 N. FAIRFAX ST., 4TH FLOOR**
CITY-ST-ZIP **ALEXANDRIA-VA 22314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☒ Change ☐ Addition
NAME **BUTLER, ROBERT A**
STREET ADDRESS **3900 S. Roosevelt Blvd.**
CITY-ST-ZIP **Key West, FL 33040**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 JAN 03 305 292 4800

CR2E034 (10/02)