FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am **DOCUMENT # H82554 Secretary of State** BUTTON ASSOCIATES, INC. 02-15-2001 90033 025 ***150.00 Principal Place of Business Mailing Address % GEORGE BUTTON, II % GEORGE BUTTON. II 239 SPINNAKER DRIVE 239 SPINNAKER DRIVE C0021476 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2599291 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUTTON, GEORGE II Street Address (P.O. Box Number is Not Acceptable) 239 SPINNAKER DRIVE VERO BEACH FL 32963 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME BUTTON, TRACE W. NAME STREET ADDRESS STREET ADDRESS 239 SPINNAKER DR CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Delete TITLE ☐ Addition NAME **BUTTON, GEORGE III** NAME STREET ADDRESS STREET ADDRESS 239 SPINNAKER DR. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME BENSON, TOTNEY B NAME STREET ADDRESS STREET ADDRESS 17 BUENA VISTA DR CITY-ST-ZIP CITY-ST-ZIP WESTPORT_CT TITLE ☐ Detete [7] Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

like empowered.

changed, or on an attachment with an address, with