

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90007 006 \*\*\*150.00

**DOCUMENT # K53997**1. Entity Name  
**THE BUTCHER SHOP OF ORLANDO, INC.**

Principal Place of Business

**8445 INTERNATIONAL DR., STE 140  
ORLANDO FL 32819**

Mailing Address

**8445 INTERNATIONAL DR., STE 140  
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**42-1331244**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****STEPHENSON, MAX  
3104 JARRISON AVENUE, #A2  
ORLANDO FL 32804****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. 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 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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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** ☐ Delete  
NAME **DAY, DENNIS**  
STREET ADDRESS **8319 GREEN DOWNS COVE**  
CITY-ST-ZIP **GERMANMTOWN TN**TITLE **D** ☐ Delete  
NAME **WILSON, CHARLES**  
STREET ADDRESS **2975 JOHNSON RD**  
CITY-ST-ZIP **MEMPHIS TN**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

973746

K53997

July 18, 2002

The Butcher Shop of Orlando, Inc.  
8445 International Dr., Suite 140  
Orlando, FL 32819-9378

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 42-1331244  
The Butcher Shop of Orlando, Inc.  
2002 Uniform Business Report

Dear Sir or Madam:

This letter is in response to your notice. Your notice mentions a previous notice which we did not receive. For this reason we would ask you to remove the \$400.00 late fee from our account. Removal of the late fee should leave the account with a balance due of the original filing fee of \$150.00. Enclosed with this letter you should find a completed 2002 Uniform Business Report along with a check for \$150.00.

If you have any question please call Daniel Schwarz, CPA at (515) 288-3279.

Sincerely,



Dennis Day, Director

Enclosures