2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # L51442 1. Entity Name PETER L. BUTTON, INC. 01-28-2000 90145 011 ***150.00 Principal Place of Business Mailing Address PETER L. BUTTON PETER L. BUTTON 471 N.E. 25TH TERRACE 471 N.E. 25TH-TERRACE **BOCA RATON FL 33431** BOCA RATON FL 33431-7554 2. Principal Place of Business 3. Mailing Address o Stahl & Associates Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 138 North Swinton Avenue City & State City & State 4. FEI Number Applied For 59-3002303 Delray Beach, FLNot Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 3467 United Stat 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUTTON, PETER L Street Address (P.O. Box Number is Not Acceptable) 471 N.E. 25TH TERRACE **BOCA RATON FL 33431** City Zip Code Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete TITLE BUTTON, PETER L. NAME NAME 471 N.E. 25TH TERRACE STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 in of the corporation or the receive changed, or on an attachment w

SIGNATURE