

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003919

1. Entity Name

BUTTERFLIES INTERNATIONAL, INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90273 027 ****61.25

Principal Place of Business

1315 S. LINCOLN AVE.
LAKELAND FL 33803

Mailing Address

1315 S. LINCOLN AVE.
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3610269

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HUTCHINS, LAURA V
1315 S. LINCOLN AVE.
LAKELAND FL 33803

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

Laura V. Hutchins
(NOTE: Registered Agent signature required when reinstating)

7/6/2001
DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	MELENDEZ, MARIA	
STREET ADDRESS	PO BOX 28	
CITY-ST-ZIP	HIGHLAND CITY FL 33846	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWBERRY, RANDY	
STREET ADDRESS	5641 MEADOW GLEN RD.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEWBERRY, LINDA	
STREET ADDRESS	5641 MEADOW GLEN RD.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Laura V. Hutchins

7/13/2001

CR2E037 (5/01)