## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000014971 1. Entity Name LAKE BUTLER INVESTMENTS, INC. 04-30-2001 90077 034 \*\*\*150.00 Principal Piace of Business Mailing Address 10639 US HWY 301 SOUTH 910 S.E. 6TH STREET LOT 20 HAMPTON FL 32044 LAKE BUTLER FL 32054 2. Principal Place of Business 3. Mailing Address 10591 U.S. Hwy 301-South 10591 U.S. Hwy. 301-South Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Hampton, Fl Hampton, F1 59-3680053 Not Applicable Zip Country \$8.75 Additional 32044 5. Certificate of Status Desired 32044 United States United States Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNS, WILLIAM G 10639 US HWY 301 SOUTH HAMPTON FL 32044 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. Wilbur W. Rogers, President 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 **▼** Delete Change Change TITLE President President NAME NAME William Glenn Johns Wilbur W. Rogers STREET ADDRESS STREET ADORESS 10639 U.S. Hwy. 301-South 10591 U.S. Hwy. 301-South CITY-ST-ZIP CITY-ST-ZIP Hampton, F1 32044 Hampton, Fl 32044 THILE Delete DT: F Uhange Secretary NAME NAME Rita E. Rogers STREET ADDRESS STREET ADDRESS 32044 CITY-ST-ZIP CITY-ST-ZIP 10591 U.S. Hwy. 301-South, Hampton, FL TITLE ☐ Delete TITLE ☐ Change Addition Treasurer NAME NAME STREET ADDRESS STREET ADDRESS Rita E. Rogers CITY-ST-ZIP CITY-ST-ZIP 10591 U.S. Hwy 301 South, Hampton, Fl TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE TITLE ☐ Delete Chance Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME MAME STREET ADDRESS STREET ADORESS 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, President

352/745-0268

Daytime Phone ≖