

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90297 034 ***150.00

DOCUMENT # P01000062346

1. Entity Name
BUTTONWOOD BUILDERS, INC.

Principal Place of Business

**381 13TH AVE SOUTH
 NAPLES FL 34102**

Mailing Address

**381 13TH AVE SOUTH
 NAPLES FL 34102**

2. Principal Place of Business

381 13th AVE SOUTH

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip
34102

Country
USA

3. Mailing Address

381 13th AVE. SOUTH

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip
34102

Country
USA

4. FEI Number

59-3728621

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LADEMAN, CARRIE E
 3200 TAMiami TRAIL NORTH, SUITE 200
 NAPLES FL 34103**

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

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D WILLIAMS, DOUGLAS
 2429 KINGS LAKE BLVD
 NAPLES FL 34112**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 239-643-1760
 Date Daytime Phone #

CR2E034 (9/01)