

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90146 013 ***150.00

DOCUMENT # P01000120603

1. Entity Name
 BUTTONTAC, INC.

Principal Place of Business
 1372 BAY HARBOR DRIVE #13-305
 PALM HARBOR FL 34685

Mailing Address
 1372 BAY HARBOR DRIVE #13-305
 PALM HARBOR FL 34685

2. Principal Place of Business 2640 Hawk Roost Ct.
 Suite, Apt. #, etc.

3. Mailing Address 2640 Hawk Roost Ct.
 Suite, Apt. #, etc.

City & State Holiday, FL
Zip 34691 **County** PASCO

City & State Holiday, FL
Zip 34691 **County** PASCO

4. FEI Number Applied For ☒ Applied For ☐ Not-Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

O'DONNELL, MELANIE
 1372 BAY HARBOR DRIVE #13-305
 PALM HARBOR FL 34685

→ New Address

7. Name and Address of New Registered Agent

Name Melanie O'Donnell
Street Address (P.O. Box Number is Not Acceptable) 2640 Hawk Roost Court

City Holiday **FL** **Zip Code** 34691

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 M O'Donnell - new Address 4/29/02
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME O'DONNELL, MELANIE
STREET ADDRESS 1372 BAY HARBOR DRIVE #13-305
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: M O'Donnell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 727-784-7834
 Date Daytime Phone #

CR2E034 (9/01)