2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State
08-25-2003 90107 042 ***150.00

DOCUMENT # P02000031500

1. Entity Name
BUTTERNUT PROPERTIES, INC.

(2)

Principal Place of Business
8565 BUTTERNUT BLVD.
ORLANDO FL 32817

Mailing Address
8565 BUTTERNUT BLVD.
ORLANDO FL 32817

[redacted]

2. Principal Place of Business	3. Mailing Address
720 N. MAITLAND AVE	
Suite, Apt. #, etc.: SUITE 105	Suite, Apt. #, etc.
City & State: MAITLAND, FL	City & State
Zip: 32751 Country: USA	Zip Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0596440 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODDEN, NEIL J 8565 BUTTERNUT BLVD. ORLANDO FL 32817	Name: Street Address (P.O. Box Number is Not Acceptable): 720 N MAITLAND AVE SUITE 105 City: MAITLAND, FL Zip Code: 32751

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD RODDEN, NEAL J ~~8565 BUTTERNUT BLVD.~~ ~~ORLANDO FL 32817~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	720 N MAITLAND AVE-SUITE 105 MAITLAND, FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SCIORTINO, RHEA E ~~8565 BUTTERNUT BLVD.~~ ~~ORLANDO FL 32817~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/03)

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 607, 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: SIGNATURE REQUIRED Neal J Rodden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #