2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000083641 DOCUMENT

1. Entity Name

BUTENSKY & COHEN, INC.



FILED
Jan 07, 2003 8:00 am
Secretary of State
01-07-2003 90022 022 ***150.00

POWTE VERDR BEACH FL 30982 Suite, Apt. #, etc. Sui								- -;					
SITE 104 OWNET VERDA BEACH FL 3082 US	•		1	-					'U	ษษษ	ብብ አ ፈ	.	
US Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE F MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE F MAKING CHANGES Suite, Apt. #, etc. CHECK HERE F MAKING CHANGES Suite, Apt. #, etc. CHECK HERE F MAKING CHANGES City & State A. FEI Number 59-3304784 Applied For Not Ap	STE 104												
Suite, Act, 4, etc. Suite, Act, 4, etc. City & State City & State City & State Country Zip Country Zip Country S. Certification of Status Desired Sex.75 Additional Fee Sequence Sex.75 Additional Fee Sequence	Ponte Vedra US	BEACH FL 3	32082	U\$									
City & State Country Country Country S. Certificate of Status Desired Schanged of Status Desired Agent Name Street Address (RO. Box Number is Not Acceptable) Street Address (RO. Box Num	2. Principal Pla	ace of Busin	ess	3. Mail	ing Address				i indiinki (28 1811) minii saili nalit antii nt		1111 BIJE 61	IBD1 B1 #4	
September Sept	Suite, Apt. #	t, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
SCHNEIDER, MICHAEL N SCHNEIDER, MICHAEL N SCHNEIDER, MICHAEL N SUTE 100 JACKSONVILLE F1, 3256 City Telephone and entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the S	City & State		•	City & State				4. F	E0-0004704				
SCHNEIDER, MICHAEL N 5150 BELFORT ROAD SUITE 100 JACKSONVILLE FL 32256 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Choic* Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS IN 11 INTEL TITLE	Zip		Country	Zip Count			ry	5. Certificate of Status Desired Fee Required					
SCHNEIDER, MICHAEL N 5150 BELFORT ROAD SUITE 100 JACKSONVILLE FL 32256 City FL City FL Zip Code City		6. Name	and Address of Current I	Registere	d Agent			7. 1	Name and Address of New Register	ed Agei	nt		
SUTE 100 JACKSONVILE FL 32256 City FL Zip Code Line 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 need of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept need of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept need of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept need of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept need of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept need of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept need of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept need of the purpose of change agent, or both, in the State of Florida. I am familiar with, and accept need of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept need of the purpose of t							Name						
SUITE 100 JACKSONVILLE FL 32256 City City FL Zip Code Addition City FL Zip Code Addition City FL Zip Code Addition City Siz Zip City S				Street Ar				ress (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32256 I. 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 bytes of primer name of registered agent and the 7 applicable. NOTE: Registered Agent supmahase agent where 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. NOTE: Registered Agent supmahase agent agent agent with a 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. NOTE: Registered Agent supmahase agent agent. NOTE: Registered Agent supmahase agent. NOTE: Registered Agent supmahase agent agent agent. NOTE: Registered Agent supmahase agent agent agent agent agent. NOTE: Registered Agent supmahase agent a		ORT ROAD)										
In the above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and sccept the obligations of registered agent. Company		/ILLE FL 32	2256				City			=1_	Zip Code)	
SIGNATURE Signature Signa				the even	non of changing its	ragietor	nd office or regi	etered an			liar with a	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Ctlack Payable to Florida Department of State O				the barb	ose or changing its	registere	a office of regi	sicioa agi	only or point in the state of residue.				
After May 1, 2003 Fee will be \$550.00 Make Critical Payable to Fiorida Department of State OFFICERS AND DIRECTORS ITILE DP BUTENSKY, JAN D. ITILE INTERET ADDRESS ITILE DTS COHEN, ALLAN A. ITILE AMME SIRRET ADDRESS ITIV-S1-ZIP ONTE VEDRA BEACH FL 32082 TITLE MAME SIRRET ADDRESS ITIV-S1-ZIP TITLE Delete TITLE MAME SIRRET ADDRESS ITIV-S1-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE MAME SIRRET ADDRESS ITIV-S1-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE MAME SIRRET ADDRESS ITIV-S1-ZIP TITLE Delete TITLE DELET ADDRESS CITY-S1-ZIP TOTA T	SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if app	licable. (NOT	E: Registere	d Agent signature req	uired when re	einstating) DA	TE	, <u>.</u>		
ITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP	After	May 1, 200	3 Fee will be \$550.00	State	, -								
THE JAME JAME JAME JAME JAME JAME JAME JAME		- ayubic to			RS	11.		AD	L DDITIONS/CHANGES TO OFFICERS.	AND DIF	RECTORS	S IN 11	
MAME INTERET ADDRESS INTY-ST-ZIP DITS COHEN, ALLAN A. 110 PROFESSIONAL DR PONTE VEDRA BEACH FL 32082 DTS COHEN, ALLAN A. 110 PROFESSIONAL DR PONTE VEDRA BEACH FL 32082 TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP		DP	0,1,102.101.115			_							
TITLE ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE ADMESS COHEN, ALLAN A. 110 PROFESSIONAL DR PONTE VEDRA BEACH FL 32082 TITLE ADMESS CITY-ST-ZIP TITLE AMME AMME AMME ADMESS CITY-ST-ZIP TITLE AMME AMME ADMESS CITY-ST-ZIP TITLE AMME AMME ADMESS CITY-ST-ZIP TITLE AMME AMME AMME AMME AMME ADMESS CITY-ST-ZIP TITLE AMME AMME AMME AMME AMME AMME AMME AM			Y, JAN D.										
TITLE COHEN, ALLAN A. 110 PROFESSIONAL DR PONTE VEDRA BEACH FL 32082 ITILE MAME STREET ADDRESS CITY-ST-ZIP CHAnge Addition Addition Addition Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP													
NAME ANAME A			DRA BEACH FL 32082									☐ Addition	
TITLE ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP			11 444 4		∟./ Delete		I			ـــا	1 Griange		
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP													
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addit						CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP ITILE AAME STREET ADDRESS CITY-ST-ZIP	TITLE	~~			Delete	TITL	_				Change	☐ Addition	
CITY-ST-ZIP	NAME												
TITLE JORIES STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS						l l						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					-					1 Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	TITLE				∟ Delete		I			L) Unanye	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE VAME VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	į.						I						
NAME STREET ADDRESS CITY-ST-ZIP CITLE VAME STREET ADDRESS CITY-ST-ZIP CITLE VAME VAME STREET ADDRESS CITY-ST-ZIP CITLE VAME VAME CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP						I						
STREET ADDRESS CHY-ST-ZIP STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP STREET ADDRESS CHY-ST-ZIP	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITL] Change	☐ Addition	
CITY-ST-ZIP	NAME						I						
TITLE TITLE TITLE TITLE TO Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE Addition CHANGE CITY-ST-ZIP	STREET ADDRESS						I .						
NAME STREET ADDRESS CITY-ST-ZIP NAME CITY-ST-ZIP NAME CITY-ST-ZIP	CITY-ST-ZIP					_				 -	1 Chanca	☐ Addition	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE				L □ Delete		l.			<u></u>	1 change		
CITY-ST-ZIP CITY-ST-ZIP	Į.						i						
NA LI DOMON CENTRA INCIDENTATION SUDDICECTAMENTOS BUILD LICES DOLOCIONADO DE EXELOCION SIZUECTO DECUCIONADO DE EXELOCIONADO DE		ertify that th	e information europlied with	this filing	does not qualify fo	1	<u> </u>	n Section	119.07(3)(i), Florida Statutes, I furthe	r certify	that the ir	nformation	

I nereby 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: