## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P95000030253 Feb 19, 2000 8:00 am **Secretary of State** RICHARD H. BUTTS, P.A. 02-19-2000 90001 033 \*\*\*150.00 Principal Place of Business Mailing Address 4910 DEERFIELD WAY 4910 DEERFIELD WAY **UNIT 101** #101 NAPLES FL 34110 NAPLES FL 34110-2374 cipal Place of Business 5848 Northridges Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0576193 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUTTS, RICHARD H Street Address (P.O. Box Number is Not Acceptable) **4910 DEERFIELD WAY** #101 NAPLES FL 34110 8. The above named entity this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSVT** Change ☐ Addition TITLE ☐ Delete BUTTS, RICHARD H NAME STREET ADDRESS 4910 DEERFIELD WAY #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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 true 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 impowered.

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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR