

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048761

1. Entity Name

LORHARMAX INCORPORATED

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90222 018 \*\*\*550.00

Principal Place of Business

Mailing Address

301 NORTH BELCHER ROAD  
CLEARWATER FL 34625

301 NORTH BELCHER ROAD  
CLEARWATER FL 33765-2605

2. Principal Place of Business

2950 S.E. Ocean Blvd.

3. Mailing Address

2950 S.E. Ocean Blvd. Bldg. 57-1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL 34996

City & State

Stuart, FL 34996

4. FEI Number

59-3322051

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, W. JAMES  
301 N. BELCHER ROAD  
CLEARWATER FL 34625

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME BUTLER, W. JAMES  
STREET ADDRESS 301 N. BELCHER ROAD  
CITY-ST-ZIP CLEARWATER FL 34625

TITLE PD ☐ Change ☒ Addition  
NAME Elizabeth E. Butler  
STREET ADDRESS 2950 S.E. Ocean Blvd., Bldg. 57-1  
CITY-ST-ZIP Stuart, FL 34996

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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:

Elizabeth E. Butler

(727) 724-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)