

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90407 034 \*\*\*150.00

**DOCUMENT #** P95000048761

1. Entity Name

LORHARMAX INCORPORATED

Principal Place of Business

Mailing Address

2950 S.E. OCEAN BLVD.  
 BLDG. 57-1  
 STUART, FL 34996

2950 S.E. OCEAN BLVD.  
 BLDG. 57-1  
 STUART, FL 34996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3322051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**00054857**

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 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code  
 33765

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 \$15.00**  
 After MAY 1, 2001 Fee will be \$850.00  
 State 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  
 NAME PD ELIZABETH E. BUTLER ☐ Delete  
 STREET ADDRESS 2950 S.E. OCEAN BLVD., BLDG. 57-1  
 CITY-ST-ZIP STUART, FL 34996

TITLE  
 NAME S W. JAMES BUTLER ☐ Change ☒ Addition  
 STREET ADDRESS 301 N. BELCHER ROAD  
 CITY-ST-ZIP CLEARWATER, FL 33765

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME -T ANITA M. BUTLER ☐ Change ☒ Addition  
 STREET ADDRESS 301 N. BELCHER ROAD  
 CITY-ST-ZIP CLEARWATER FL 33765

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

*W. James Butler*

W. James Butler

(727) 724 0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (11/00)