

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90085 011 \*\*\*150.00

DOCUMENT # P95000048761  
 1. Entity Name  
 LORHARMAX INCORPORATED

Principal Place of Business      Mailing Address  
 2950 S.E. OCEAN BLVD.      2950 S.E. OCEAN BLVD.  
 BLDG. 57-1      BLDG. 57-1  
 STUART, FL 34996      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      Applied For  
 59-3322051      Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 BUTLER, W. JAMES  
 301 N. BELCHER ROAD  
 CLEARWATER, FL 33765

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOTING PENALTY \$100.00**  
**After MAY 1, 2002 Fee will be \$250.00**  
**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 NAME	PD ELIZABETH E. BUTLER <input type="checkbox"/> Delete
STREET ADDRESS	2950 S.E. OCEAN BLVD., BLDG. 57-1
CITY-ST-ZIP	STUART, FL 34996
TITLE NAME	S W. JAMES BUTLER <input type="checkbox"/> Delete
STREET ADDRESS	301 N. BELCHER ROAD
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE NAME	T ANITA M. BUTLER <input type="checkbox"/> Delete
STREET ADDRESS	301 N. BELCHER ROAD
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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

CR2E034 (11/00)