

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91300 008 ***150.00

DOCUMENT # P95000048761

1. Entity Name

LORHARMAX INCORPORATED



DO NOT WRITE IN THIS SPACE

11024093

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2950 S.E. Ocean Blvd.

3. Mailing Address

2950 S.E. Ocean Blvd.

Suite, Apt. #, etc.

Building 57-1

Suite, Apt. #, etc.

Building 57-1

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

7. Name and Address of Current Registered Agent

Name

Butler, W. James

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

301 N. Belcher Road

City

Clearwater

FL

Zip Code
33765

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME W. James Butler
STREET ADDRESS 301 N. Belcher Road
CITY-ST-ZIP Clearwater, FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME Anita M. Butler
STREET ADDRESS 301 N. Belcher Road
CITY-ST-ZIP Clearwater, FL 33765

TITLE
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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. James Butler

W. James Butler

4/24/03 (727) 724 0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)