2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000034158**

1. Entity Name
SUSAN BUTLER & ASSOCIATES INC.

Principal Place of Business	Mailing Address
2048 POMPANO PARKWAY	2048 POMPANO PARKWAY
ORANGE PARK FL	ORANGE PARK FL
32073	32073

2. Principal Place of Business	3. Mailing Address
1984 PEKIN LANE	1984 PEKIN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIDDLEBURG FL	City & State: MIDDLEBURG FL
Zip: 32068 Country: US	Zip: 32068 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3380497 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER SUSAN A.
2048 POMPANO PARKWAY
ORANGE PARK FL
32073 US

7. Name and Address of New Registered Agent

Name: BUTLER SUSAN A.
Street Address (P.O. Box Number is Not Acceptable): 1984 PEKIN LANE
City: MIDDLEBURG FL Zip Code: 32068

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 SUSAN A. BUTLER — 04/05/2001
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, 2001 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	TITLE	PD ☒ Change ☐ Addition
NAME	BUTLER SUSAN A	NAME	BUTLER SUSAN A
STREET ADDRESS	2048 POMPANO PARKWAY	STREET ADDRESS	1984 PEKIN LANE
CITY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: SUSAN A. BUTLER PD 04/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #