

DOCUMENT # P98000044824

1. Entity Name  
WRINKLES, INC.

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90006 006 \*\*\*150.00

Principal Place of Business 320 CHAF CHASON LN QUINCY FL 32351	Mailing Address P. O. BOX 264 HAVANA FL 32333
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 280 CHAF CHASON LN Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State QUINCY, FL. 32351	City & State
Zip	Country

4. FEI Number 65-0859848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
BUTLER, RUSSELL JR  
320 CHAF CHASON LN  
QUINCY FL 32351

7. Name and Address of New Registered Agent  
Name: RUSSELL BUTLER JR  
Street Address (P.O. Box Number is Not Acceptable)  
280 CHAF CHASON LN  
City: QUINCY FL Zip Code: 32351

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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BUTLER, RUSSELL JR. 320 CHAF CHASON LN QUINCY FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Russell Butler Jr RUSSELL BUTLER JR 1/04/01 850-627-4909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)