

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90021 046 \*\*\*150.00

**DOCUMENT # P98000065777**

1. Entity Name

**BUTLER'S LANDSCAPING, INC.**

Principal Place of Business

505 19TH ST  
 ORLANDO FL 32805

Mailing Address

1356 PLEASANT OAK LANE  
 ORLANDO FL 32804

2. Principal Place of Business

**14457 ST. GEORGE'S HILL DR**  
 Suite, Apt. #, etc. **OR**

3. Mailing Address

**14457 ST. George's Hill DR.**  
 Suite, Apt. #, etc.

City & State

**ORLANDO FL**

City & State

**ORLANDO, FL**

4. FEI Number

**59-3523061**

Applied For

Not Applicable

Zip

**32828**

Country

**ORANGE**

Zip

**32828**

Country

**ORANGE**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, THOMAS**  
**505 19TH ST**  
**ORLANDO FL 32805**

Name

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

**14457 ST GEORGE'S HILL DRIVE**

City

**ORLANDO**

**FL**

Zip Code

**32828**

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

*Thomas Butler*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/01**

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 ☐ Delete  
 NAME **PS**  
 BUTLER, THOMAS  
 STREET ADDRESS **3312 CORNELL AVE, APT 2**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **14457 ST. GEORGE'S HILL DRIVE**  
 CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Delete  
 NAME **VT**  
 BUTLER, GINNY  
 STREET ADDRESS **3312 CORNELL AVE, APT 2**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **14457 ST. GEORGE'S HILL DRIVE**  
 CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Thomas Butler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/25/01**

Daytime Phone #

CR2E034 (10/00)