

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90173 016 ***150.00

DOCUMENT # P98000081754

1. Entity Name

BUTTELMAN & STREHLOW FINANCIAL GROUP, INC.

Principal Place of Business

1242 WYNDCLIFF DRIVE
 WELLINGTON FL 33414

Mailing Address

1242 WYNDCLIFF DRIVE
 WELLINGTON FL 33414

2. Principal Place of Business

2226 S. Congress
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 19589
 Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33406

Country

Palm Beach

Zip

33416-9589

Country

Palm Beach

6. Name and Address of Current Registered Agent

TREADWELL, KENNETH
3950 RCA BLVD, STE 5001
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE	D <input type="checkbox"/> Delete
NAME	BUTTELMAN, MICHAEL
STREET ADDRESS	11576 BUCKHAVEN LANE
CITY-ST-ZIP	WEST PALM BEACH FL 33414
TITLE	D <input type="checkbox"/> Delete
NAME	STREHLOW, ROGER
STREET ADDRESS	1242 WYNDCLIFF DRIVE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger H. Strehlow

Date

2/5/2001

Daytime Phone

561-965-1000

ext. 251

CR2E034 (10/00)