

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036463

1. Entity Name

IRIS AND BUTTERFLIES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90245 016 ***150.00

Principal Place of Business

2700 Treasure Cay Ln.
Sebring, Fl. 33872

Mailing Address

2700 Treasure Cay Ln.
Sebring, Fl. 33872

2. Principal Place of Business

207 So. Circle St.
Suite, Apt. #, etc.

3. Mailing Address

3790 Enchanted Oaks Ln.
Suite, Apt. #, etc.

City & State

Sebring, Fl.

City & State

Sebring, Fl.

Zip

33870

Country

Zip

33872

Country

4. FEI Number

65-0908505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIMER, KATHLEEN A
2700 Treasure Cay Lane
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name
Kathleen A. Rimer
Street Address (P.O. Box Number is Not Acceptable)
3790 Enchanted Oaks Lane
Sebring
City
FL Zip Code
33872

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 *K.A. Rimer, Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT, DIRECTOR KATHLEEN A. RIMER 3790 ENCHANTED OAKS LN. SEBRING, FL 33872 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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:

Kathleen A. Rimer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (863) 402-1606
Date Daytime Phone #

CR2E034 (9/99)