2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State DOCUMENT # P99000104025 1. Entity Name 05-07-2002 90224 024 ***150.00 BUTCHWEAR INC. Principal Place of Business Mailing Address 5256 WILLOW CT., # 532 C/O EDWARD M LIVINGSTON ORLANDO.FL.32811 PO BOX 1599 WINTER PARK FL 32790 2. Principal Place of Business 3. Mailing Address 3217 Parkside Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Winter Park, FL City & State 4. FEI Number Applied For 59-3625463 Not Applicable Country Zip Country \$8.75 Additional 32792-1730 5. Certificate of Status Desired US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIVINGSTON, EDWARD M Street Address (P.O. Box Number is Not Acceptable) 628 ELLEN DR WINTER PARK FL 32789 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD ☐ Delete TITLE Change ☐ Addition NAME BRENDELL, TAMMIE L Brendell, Tammie "Aléx" NAME STREET ADDRESS 5256 WILLOW CT., # 532... STREET ADDRESS 3502 Ocean Beach Blvd., Apt. C CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP Cocoa Beach, FL 32931-4172 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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