

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90287 045 \*\*\*150.00

**DOCUMENT # P27234**

1. Entity Name  
**BUTH NA-BODHAIGE, INC.**



Principal Place of Business  
**5036 ONE WORLD WAY  
WAKE FOREST NC 27588**

Mailing Address  
**5036 ONE WORLD WAY  
WAKE FOREST NC 27588**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2883487**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**THE PRENTICE HALL CORPORATION SYSTEM INC  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAUNDER, PETER</b>	
STREET ADDRESS	<b>WATERSMEED LITTLE HAMPTON</b>	
CITY-ST-ZIP	<b>WEST SUSSEX UK 8N1-7-LS</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BELLAMY, DAVID</b>	
STREET ADDRESS	<b>5036 ONE WORLD WAY</b>	
CITY-ST-ZIP	<b>WAKE FOREST NC 27587</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CALABRESE, JOANNE</b>	
STREET ADDRESS	<b>5036 ONE WORLD WAY</b>	
CITY-ST-ZIP	<b>WAKE FOREST NC 27587</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELLAMY, ADRIEN</b>	
STREET ADDRESS	<b>WATERSMEAD LITTLEHAMPTON</b>	
CITY-ST-ZIP	<b>WEST SUSSEX UK 8N1-76LS</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, ALASTAIR</b>	
STREET ADDRESS	<b>WATERSMEAD LITTLEHAMPTON</b>	
CITY-ST-ZIP	<b>WEST SUSSEX, BN17 6LS, UK</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>BORUM, ANTHEA</b>	
STREET ADDRESS	<b>5036 ONE WORLD WAY</b>	
CITY-ST-ZIP	<b>WAKE FOREST NC 27587</b>	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

3/30/03 (919) 554-8389

Date Daytime Phone #

CR2E034 (10/02)