

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90085 029 ***150.00

0613781

DOCUMENT # V49890

1. Entity Name
BUTLER LEMONS DESIGN, INC.

Principal Place of Business

Mailing Address

55 E. WASHINGTON ST
 ORLANDO FL 32801
 US

55 E. WAHSINGTON ST
 ORLANDO FL 32801
 US

720309

2. Principal Place of Business

3. Mailing Address

55 E. JACKSON ST.

55 E. JACKSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ORLANDO FL

ORLANDO FL

4. FEI Number **59-3140272**

Applied For

Not Applicable

Zip
32801

Country
USA

Zip
32801

Country
USA

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, RICHARD GUY A.
1554 WATERWITCH DRIVE
ORLANDO FL 32806

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **LEMONS, TIMOTHY J.**
 STREET ADDRESS **2502 DEPAWN**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** Change Addition
 NAME **LEMONS, TIMOTHY J.**
 STREET ADDRESS **326 JASMINE AVENUE**
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **DSVP** Delete
 NAME **BUTLER, RICHARD GUY A.**
 STREET ADDRESS **1554 WATERWITCH DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **MOOREFIELD, KAREN**
 STREET ADDRESS **1251 RAVIDA WOODS DR**
 CITY-ST-ZIP **APOPKA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILSON, RICHARD**
 STREET ADDRESS **1400 BERWYN RD**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **LEMONS, DEBRA**
 STREET ADDRESS **2502 DEPAUW**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VP** Change Addition
 NAME **LEMONS, DEBRA**
 STREET ADDRESS **326 JASMINE AVENUE**
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE Delete
 NAME
 STREET ADDRESS
 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] **RICHARD GUY A. BUTLER** **3/5/01** **(407) 648-8888**

Date

Daytime Phone #

CR2E034 (10/00)