

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91162 002 ***150.00

DOCUMENT # 632085

1. Entity Name
EARLE LEE BUTLER, P.A., ATTORNEYS AND COUNSELORS

Principal Place of Business 2601 E. OAKLAND PK BLVD #501 FT. LAUDERDALE FL 33306	Mailing Address 2601 E. OAKLAND PK BLVD #501 FT. LAUDERDALE FL 33306
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 East Atlantic Boulevard	3. Mailing Address Boulevard (same)
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Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc.
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City & State Pompano Beach, FL	City & State
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4. FEI Number 59-1928564	Applied For Not Applicable
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Zip 33060	Country Broward	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, EARLE LEE
2601 E. OAKLAND PK BLVD
#501
FT. LAUDERDALE FL 33306

Name Daniel E. Oates
Street Address (P.O. Box Number is Not Acceptable) 1500 East Atlantic Boulevard
Suite B
City Pompano Beach FL Zip Code 33060

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 DATE 4/23/01

Signature, typewritten 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BUTLER, EARLE LEE 2601 E OAKLAND PK BLVD- #501 FT. LAUDERDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Daniel E. Oates 1500 East Atlantic Blvd., Ste. B Pompano Beach, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 employment.

SIGNATURE: DATE 4/23/01 (954) 942-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)