2007 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2007 8:00 am
Secretary of State
05-21-2007 90053 021 ***150.00

DOCUMENT # 637125

1. Entity Name
BUTLER & WELLBERY P.A.

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40116980

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2. Principal Place of Business		3. Mailing Address	
440 S. FEDERAL HIGHWAY		440 S. FEDERAL HIGHWAY	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State DEERFIELD BEACH FL		City & State DEERFIELD BEACH FL.	
Zip 33441	Country USA	Zip 33441	Country USA

4. FEI Number 59-1933082 — Applied For ☐ / Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name WILLIAM J. WELLBERY
Street Address (P.O. Box Number is Not Acceptable) 440 S. FEDERAL HIGHWAY
SUITE 204
City DEERFIELD BEACH **FL** Zip Code 33441

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PTD	TITLE	
NAME	WILLIAM J. WELLBERY	NAME	
STREET ADDRESS	440 S. FEDERAL HIGHWAY SUITE 204	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Wellbery WILLIAM J. WELLBERY 4/30/07 954-480-8541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #