

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90014 026 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000001038
 1. Entity Name
BUTLER MORTGAGE, INC.

Principal Place of Business 1012 W EMMETT ST B KISSIMMEE FL 34741 US	Mailing Address 1012 W EMMETT ST B KISSIMMEE FL 34741 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3216905	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
HOWARD CHANIN C/O BUTLER MORTGAGE
~~601 E OAK ST~~
~~SUITE 0~~
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
 Name Howard Chanin
 Street Address (P.O. Box Number is Not Acceptable)
1012 W. Emmett Street
Suite B
 City Kissimmee **FL** Zip Code 34741

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 Howard Chanin President DATE 1-5-01
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 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	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, HARRY	NAME	Urban, Harry
STREET ADDRESS	420 DELAWARE AVE.	STREET ADDRESS	1411 Chisholm Ridge Ct.
CITY-ST-ZIP	ST CLOUD FL 34769	CITY-ST-ZIP	St. Cloud, FL 34771
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANIN, HOWARD	NAME	
STREET ADDRESS	1445 KINGSTON WAY	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, SABRINA	NAME	
STREET ADDRESS	614 S. LAVON CT	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, STUART	NAME	
STREET ADDRESS	7333 GUNSTOCK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE: Howard Chanin DATE 1-5-01 DAYTIME PHONE # 407-931-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)