FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am Secretary of State P94000001038 DOCUMENT # 1. Entity Name 01-30-2002 90024 016 \*\*\*150.00 BUTLER MORTGAGE, INC. Mailing Address Principal Place of Business 1012 W EMMETT ST 1012 W EMMETT ST KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3216905 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHANIA, HOWARD Street Address (P.O. Box Number is Not Acceptable) 1012 W EMMETT ST SUITE B KISSIMMEE FL 34341 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Addition ☐ Delete Change TITLE URBAN, HARRY NAME 1411 CHISHOLM RIDGE CT STREET ADDRESS STREET ADDRESS SAINT CLOUD FL 34771 CITY-ST-ZIP CITY-ST-ZIP PST ☐ Change Addition TITLE ☐ Delete TITLE CHANIN, HOWARD NAME NAME 1445 KINGSTON WAY STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIE CITY-ST-ZIF ☐ Addition ☐ Delete TITLE Stewart-Guertin, Sabrina NAME STEWART, SABRINA NAME STREET ADDRESS 614 S. LAVON CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Change ☐ Addition Delete TITLE TITLE ADKINS, STUART. NAME NAME 7333 GUNSTOCK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

-17-07

407-931-3800

Daytime Phone