


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90207 032 ***150.00

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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3216905** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CHANIA, HOWARD
1012 W EMMETT ST
SUITE B
KISSIMMEE FL 34341**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	V	<input type="checkbox"/> Delete
NAME	URBAN, HARRY	
STREET ADDRESS	1411 CHISHOLM RIDGE CT	
CITY-ST-ZIP	SAINT CLOUD FL 34771	
TITLE	PST	<input type="checkbox"/> Delete
NAME	CHANIN, HOWARD	
STREET ADDRESS	1445 KINGSTON WAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, SABRINA	
STREET ADDRESS	614 S. LAVON CT	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADKINS, STUART	
STREET ADDRESS	7333 GUNSTOCK DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1685 Taylor Ridge Loop	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1709 Brassie Ct.	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Chanin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 407-931-3800
Date Daytime Phone # X101

CR2E034 (10/02)