

UNIFORM BUSINESS REPORT (UBR)

UMENT # F00000001521

Name

BUTLER CORPORATION

KE

Place of Business

NS ROAD
32097

Mailing Address

3823 OWENS ROAD
YULEE FL 32097

Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

& State

City & State

4. FEI Number

13-4040459

Applied For

Not Applicable

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, WILLIAM H
WHITE OAK PLANTATION
3823 OWENS ROAD
YULEE FL 32097

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 terminating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

STREET ADDRESS -ST-ZIP	CD BERGREEN, BERNARD D 111 WEST 50TH STREET NEW YORK NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS -ST-ZIP	P DAVIS, WILLIAM H 1000 OSBORNE STREET ST. MARYS GA 31558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS -ST-ZIP	VD MOODY, NATALIE P 111 WEST 50TH STREET NEW YORK NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS -ST-ZIP	S CROPPER, STEPHEN W 111 WEST 50TH STREET NEW YORK NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS -ST-ZIP	V WOOD, BEN 1000 OSBORNE STREET ST. MARYS GA 31558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS -ST-ZIP	V GARRETT, VICTOR 1000 OSBORNE STREET ST. MARYS GA 31558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90768 036 ***150.00



DO NOT WRITE IN THIS SPACE

C00000001521

4-30-03 904-548-1033