

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91314 008 ***150.00

DOCUMENT # F98000001084

1. Entity Name

BUTERA CONSTRUCTION COMPANY, INC.

Principal Place of Business

**1300 BEACON PKWY E #603
BIRMINGHAM AL 35209**

Mailing Address

**1300 BEACON PKWY E #603
BIRMINGHAM AL 35209**

2. Principal Place of Business

553 OLDE ENGLISH LANE

Suite, Apt. #, etc.

3. Mailing Address

553 OLDE ENGLISH LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BIRMINGHAM, AL.

City & State

BIRMINGHAM, AL.

Zip

35223

Country

Zip

35223

Country

4. FEI Number

63-0842590

Applied For

Not Applicable

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

**BUTERA, JOHN A
280 BEACHSIDE DR.
PANAMA CITY FL 32413**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PVST	<input type="checkbox"/> Delete
NAME	BUTERA, JOHN A	
STREET ADDRESS	1300 BEACON PKWY E #603	
CITY-ST-ZIP	BIRMINGHAM AL 35209	

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTERA, JOHN A.	
STREET ADDRESS	553 OLDE ENGLISH LANE	
CITY-ST-ZIP	BIRMINGHAM, AL. 35223	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)