200% FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # F9800001084 1. Entity Name BUTERA CONSTRUCTION COMPANY, INC. | | | | | | |
|---|---|---|---|---|------------|--|
| Principal Plac 553 OLDE EN BIRMINGHAM | | Mailing Address 553 OLDE ENGLISH LANE BIRMINGHAM AL 35223 | | 04 MAY -3 PM 5: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| ' | Place of Business EDINBURGH WAY #, etc. | 3. Mailing Address 513 EDINBURGI Suite, Apt. #. etc. | raw h | T 1 111 111 111 1111 1111 1111 1111 11 | | |
| City & Stat | | City & State DOTHAN AL. | | 4. FEI Number 63-0842590 Applied Not App | licable | |
| Zip ろしろ の | Country Country | 36305 | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | ıl | |
| | 6. Name and Address of Current | | | 7. Name and Address of New Registered Agent | | |
| BUTERA, JOHN A | | | Name Street Address | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| | CHSIDE DR. CITY FL 32413 | | diot Address | S (1.5. DOX NUMBER IS NOT ACCEPTABLE) | | |
| | | | City | FL Zip Code | | |
| | named entity submits this statement fo tions of registered agent. | r the purpose of changing its reg | gistered office or regist | ered agent, or both, in the State of Florida. I am familiar with, and a | ccept | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | egistered Agent signature requir | red when reinstating) DATE | _ | |
| Line | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o | State | | 9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | 1 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST BUTERA, JOHN A 553 OLDE ENGLISH LANE BIRMINGHAM AL 35223 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | · ☐ Change ☐ . | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZiP | 800036193038 ^{hange} 0 05/12/0401033011 **150.00 | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ~ · · · · · · · · · · · · · · · · · · · | ☐ Delete | TITLE NAME STREET AODRESS CITY-ST-ZIP | ☐ Change ☐ | Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated | I on this report or supplemental report is | this filing does not qualify for th | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in signature shall have the | Section 119.07(3)(i), Florida Statutes. I further certify that the info | 3 Imdir | |