

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0143973 AT

DOCUMENT # F98000001084

1. Entity Name

BUTERA CONSTRUCTION COMPANY, INC.



Principal Place of Business

553 OLDE ENGLISH LANE
BIRMINGHAM AL 35223

Mailing Address

553 OLDE ENGLISH LANE
BIRMINGHAM AL 35223

2. Principal Place of Business

513 EDINBURGH WAY
Suite, Apt. #, etc.

3. Mailing Address

513 EDINBURGH WAY
Suite, Apt. #, etc.

City & State

DOTHAN, AL.

City & State

DOTHAN, AL.

Zip

36305

Country

Zip

36305

Country

4. FEI Number

63-0842590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
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
BUTERA, JOHN A.
513 EDINBURGH WAY
DOTHAN, AL. 36305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300023414333
09/29/03--01129--018 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

9/2/03

1-334-685-2966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)