

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90427 021 \*\*\*150.00

DOCUMENT # K67366

1. Entity Name

The Butler Did it, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

848 NW 47th St

3. Mailing Address

P.O. Box 463

Suite, Apt. #, etc.

Pompano Beach

Suite, Apt. #, etc.

Biasconset

City & State

Florida

City & State

Massachusetts

Zip

33064-5008

Country

US

Zip

02564-0463

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0207501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Julio SPRAGGON

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

848 NW 47th St.

Pompano Beach

City

**FL**

Zip Code

33064-5008

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

Julio SPRAGGON

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

(NOTE: Registered Agent signature required when resigning)

4-29-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D SPRAGGON, Julio  
848 NW 47th St  
Pompano Beach, FL 33064

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Julio SPRAGGON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 (508) 257-4377

Date

Daytime Phone #

CR2E034B (12/01)