

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90094 019 \*\*\*150.00

**DOCUMENT # P01000005056**

**1. Entity Name**  
**BUTTE, INC.**



**Principal Place of Business**  
**2532 PARK ST.**  
**JACKSONVILLE FL 32204**

**Mailing Address**  
**2532 PARK ST.**  
**JACKSONVILLE FL 32204**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3691622**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**VONADA, CHRISTOPHER S**  
**1909 JARBOE LANE**  
**NEPTUNE BEACH FL 32266**

Name **VONADA, CHRISTOPHER S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2532 PARK STREET**  
City **JACKSONVILLE** **FL** Zip Code **32204**

**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.

**CHRIS VONADA, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**4/22/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PVTS** ☐ Delete  
NAME **VONADA, CHRISTOPHER S**  
STREET ADDRESS **1909 JARBOE LANE**  
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **PVTS** ☒ Change ☐ Addition  
NAME **VONADA, CHRISTOPHER S**  
STREET ADDRESS **2532 PARK STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**CHRIS VONADA, PRES**

Date

**4/22/03**

Daytime Phone #

**904 3849797**

CR2E034 (10/02)