


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

7/19/

**FILED**  
**Sep 24, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90013 045 \*\*\*150.00  
09-24-2004 90001 035 \*\*\*400.00

DOCUMENT # <b>PO1000069770</b>	
1. Entity Name <b>BUTLER + BUTLER ENTERPRISES</b>	

**DO NOT WRITE IN THIS SPACE**

**54073415**

2. Principal Place of Business <b>815 MAGNOLIA AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>815 MAGNOLIA AVE</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>DAYTONA BCH. FL</b>	City & State <b>DAYTONA BCH. FL</b>
Zip <b>32114</b>	Country <b>VOL</b>

4. FEI Number <b>59-3699992</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>KENDALL FOOTMAN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>815 MAGNOLIA AVE</b>	
City <b>DAYTONA BCH.</b>	Zip Code <b>FL 32114</b>

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  **7/13/04**  
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 <b>PRESIDENT + CEO</b>	
NAME <b>KENDALL FOOTMAN</b>	
STREET ADDRESS <b>815 MAGNOLIA AVE.</b>	
CITY-ST-ZIP <b>DAYTONA BCH. FL 32114</b>	
TITLE	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE  **7/13/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

**386-212-6528**  
Daytime Phone #

CR2E034B (12/02)