

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

DOCUMENT # P01000069770

1. Entity Name
Butler + Butler Enterprises



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

DO NOT WRITE IN THIS SPACE

54073415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

815 MAGNOLIA AVE

Suite, Apt. #, etc.

3. Mailing Address

815 MAGNOLIA AVE

Suite, Apt. #, etc.

City & State

Daytona Bch. FL

City & State

Daytona Bch. FL

Zip

32114

Country

VOL

Zip

32114

Country

VOL

4. FEI Number

59-3699992

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

KENDALL FOOTMAN

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

815 MAGNOLIA AVE

Daytona Bch.

FL Zip Code 32114

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)

7/13/04

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$350.00

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 PRESIDENT + CEO
NAME KENDALL FOOTMAN
STREET ADDRESS 815 MAGNOLIA AVE
CITY-ST-ZIP DAYTONA BCH. FL 32114

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE

7/13/04 386-212-6528

Date

Daytime Phone #

CR2E034B (12/02)