

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

DOCUMENT # **P01000069770**

1. Entity Name
BUTLER & BUTLER ENTERPRISE INC.



Principal Place of Business
**815 MAGNOLIA AVE
DAYTONA BEACH FL 32114**

Mailing Address
**815 MAGNOLIA AVE
DAYTONA BEACH FL 32114**

2. Principal Place of Business

815 MAGNOLIA AVE

3. Mailing Address

815 MAGNOLIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH 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

6. Name and Address of Current Registered Agent

**FOOTMAN, KENDALL
815 MAGNOLIA AVE
DAYTONA BEACH FL 32114**

Name

KENDALL FOOTMAN

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

815 MAGNOLIA AVE

City

Daytona Beach

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

Kendall Footman

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

9/08/03

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **FOOTMAN, KENDALL**
STREET ADDRESS **815 MAGNOLIA AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE: *Signature is Rev. 12/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Sep 15, 2003 8:00 am
Secretary of State**

09-15-2003 90150 019 ***550.00



CHECK HERE IF MAKING CHANGES

000120
AV

CF2E034 (4/03)