## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000097429

## FILED Feb 24, 2003 8:00 am Secretary of State

NAME 2923 WYCOMBE DR. W. JACKSONVILLE FL 32277  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  JACKSONVILLE-FL=32277  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	1. Entity Na BUTLER	ne I'S PUMP-N-TOOL REPAIR,	INC.		02-24-2003 90187	008 ***150.00	)
Sulfo, Apt. #, etc.   CHECK HERE IF MAKING CHANGES	2923 WYCO	MBE DR. W	PO BOX 8831	39	# 1880/08/1 (1) 88/01 (1) 08/01 (1) 08/01 (1) 08/01 (1)	<b>18</b> 04 1864 1886 <b>4</b> 1610 110	<b>110 (016 100</b> 6
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Section   Sect					CHECK HERE IF MAKING CHANGES		
S. Certificate of Status Desired   \$8.75 Additional Feb Required   \$8.75 Additional Feb Requir	JACK Sta	Sonville, FL3	City & State		4. FEI Number 59-3750319	——————————————————————————————————————	
LALLY, W.K. 6160 ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32211  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. i am familiar with, and ac the cobligations of registered agent.  SIGNATURE  Signature, speed or presed name or registered agent.  NOTICE Registered Apert speakers requise the many speed or presed name or registered agent.  NOTICE Registered Apert speakers required when removaling.  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NOME SITEET ADDRESS CITY-ST-2P  BUTLER, ARRINALL W SITEET ADDRESS CITY-ST-2P	32a	11 USA	,	Country	5. Certificate of Status Desired	<b>\$8.75</b> Addition	
LALLY, W.K. 6160 ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32211  City  FL Zip Code  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 ac the obligations of registered agent and the reportance.  SIGNATURE  Signature, price or prent change or egistered agent and the reportance.  NOTE frequenced Agent algorithms executed when remember:  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PUTLER, MARSHALL W  SIRET ADDRESS  OTY -ST-ZIP  Delete  WAVE  SIRET ADDRESS  OTY -ST-ZIP  Delete  TITLE  WAVE  SIRET ADDRESS  OTY -ST-ZIP  Delete  TITLE  MAME  SIRET ADDRESS  OTY -ST-ZIP  TITLE  TITLE  MAME  SIRET ADDRESS  OTY		6. Name and Address of Current	Registered Agent	· ·	7. Name and Address of New Register	ed Agent	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		ي بالمحمد المحمد الذي الم والمتجمدة		_Name			
A. 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 act the obligations of registered agent.  SIGNATURE    Survive   Sur					Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and act the obligations of registered agent.    Signature   Societion (speed or peried name of registered agent and title if applicable.   NOTE Registered Agent signature required when renetating)   DATE			e e e			<del></del>	
SIGNATURE    Spreadure_typed or printed name of registered agent and site if applicable.   (NOTE_Registered Agent signature required when rainstation)   DATE	0 The		3'	'		B '	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Add	F Afte	FILE-NOW!!!-FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		「E: Registered Agent signature requ	9. Election Campaign Financing	\$5:00 N	Vlay Be Fees
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NAME STREET ADDRESS SITY-ST-ZIP CITY-ST-ZIP	IAME TREET ADDRESS ITY-ST-ZIP	ertify that the information supplied with		NAME STREET ADDRESS CITY-S1-ZIP		_ , _	Addition

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:**