2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000097429

1. Entity Name

BUTLER'S PUMP-N-TOOL REPAIR, INC.

Principal Place of Business	Mailing Address
2923 WYCOMBE DR. W.	PO BOX 8831
JACKSONVILLE FL 32277	JACKSONVILLE FL 32239

2. Principal Place of Business	3. Mailing Address		
1120 Romney St.			
Suite, Apt. #, etc. #2	Suite, Apt. #, etc.		
City & State Jacksonville, FL	City & State	4. FEI Number 59-3750319	Applied For / Not Applicable
Zip 32211 Country USA	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
LALLY, W.K. 6160 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	Name ____
	Street Address (P.O. Box Number is Not Acceptable)
	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 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)   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 P NAME BUTLER, MARSHALL W STREET ADDRESS 2923 WYCOMBE DR. W. CITY-ST-ZIP JACKSONVILLE FL 32277	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME BUTLER, CAROLE H STREET ADDRESS 2923 WYCOMBE DR. W. CITY-ST-ZIP JACKSONVILLE FL 32277	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _Carole H Butler, V.P._   2/21/03   904-744-4729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #