


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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90037 012 ***150.00

DOCUMENT # P02000045927
1. Entity Name
B.A.M-Butler, Inc.



DO NOT WRITE IN THIS SPACE

24041665

2. Principal Place of Business
2190 S.W. Trenton Lane
Suite, Apt. #, etc.
Port St. Lucie Fla.
City & State

3. Mailing Address
2190 S.W. Trenton Lane
Suite, Apt. #, etc.
Port St. Lucie
City & State
Florida

Zip 34984 Country USA

4. FEI Number
01-0707-995

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
M-Butler, Barbara A.

Street Address (P.O. Box Number is Not-Acceptable)
2190 SW Trenton Lane

City Port St. Lucie FL Zip Code 34984

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 <u>PSTD</u>	NAME <u>M-Butler, Barbara A.</u>	TITLE	
STREET ADDRESS <u>2190 SW Trenton Lane</u>	CITY-ST-ZIP <u>Port St. Lucie, Florida 34984</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DO NOT WRITE 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: Barbara A. M-Butler Inc. Date 4/12/04 Daytime Phone # 772-337-2794

CR2E034B (12/02)