

**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

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0707-995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
34984

Country
USA

Zip
34984

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
M-Butler, Barbara A.
2190 SW Trenton Lane
Port St. Lucie, Florida 34984

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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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04
Date

772-337-2794
Daytime Phone #

CR2E034B (12/02)