2003 FOR PROFIT CORPORATION Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)**

P02000047402 **DOCUMENT #**

1. Entity Name THE BUTLER DOES IT ELITE SERVICES INC.								04-25-2003 90	0208 038	***150.	00
Principal Place of Business 1612 POINT PLEASANT AVE W BRADENTON FL 34205-6810			Mailing Address 1612 POINT PLEASANT AVE W BRADENTON FL 34205-6810				11012223				
2. Principal P	lace of Busir	ness	3. Mailing Address								
Cuito Ant # oto			Cuito Ant # and								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			-	4. FEIN	lumber	-	_ 	plied For t Applicable
Zip		Country	Zip	Cour	itry		5. Certi	ficate of Status Desired		3.75 Add	
	6. Name	and Address of Current I	Registered Agent	I	1	I	7. Name	e and Address of New Reg			
					Name						
HANNER, 1612 POI	NT PLEASA			Street Address (P.O. Box Number is Not Acceptable)							
BRADENTON FL 34205-6810											
					City Zip Code						,
the obligat	Signature, typed	y submits this statement for ered agent. or printed name of registered agent a	nd title if applicable. (NO		ed office or re		hen reinstati	ng)	DATE	illiar with, i	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							!	 Election Campaign Finar Trust Fund Contribution. 	noing		May Be to Fees
10. FFICERS AND DIRECTORS					ADDITIONS/			ONS/CHANGES TO OFFIC	S/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1612 POII	TO, LESLIE NT PLEASANT AVE W ON FL 34205-6810	☐ Delete							☐ Change	☐ Addition
TITLE NAME	CEO HANNER,		Delete	TITLE	E	٠.		ما دری د مساد] Change	Addition
STREET ADDRESS CITY-ST-ZIP		nt pleasant ave w On FL 34205-6810			et address -st-zip						
TITLE NAME STREET ADDRESS		- California	Delete		E Et address] Change	Addition
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAM STRE					L] 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 empowered.

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

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☐ Delete

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-22-03

941.741.9748

☐ Change

☐ Change

Addition

☐ Addition

FILED