2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000032732 **DOCUMENT #**

1. Entity Name

SIGNATURE:

BUTLER MOBILE HOMES, INC.



FILED Apr 24, 2003 8:00 am Secretary of State
04-24-2003 90197 018 ***150.00

4/22/03 S. BUTLER 407322 3717

Principal Place of Business 300 LARKWOOD DR SANFORD FL 32771		Mailing Address 300 LARKWOOD DR SANFORD FL 32771							
2. Principal P	Place of Business	3. Mailing Address				1 FOR 11886 118 18111 51811 56811 68816 5881			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State	City & State			59-3235671		Applied For Not Applicable	
Zip	Country	Zip	Cour	ountry - 5.				\$8.75 Additional Fee Required	
	6. Name and Address of Curren					Name and Address of New Regist			
		يعي و د معينمنده بينيستها بند ۱۹۰۰ د د د د د د	- Name			ر المعالي و المعالية والمعالية والمعالية والمعالية المعالية والمعالية والمعا			
	WILLIAM S WOOD DR		Street Address			(P.O. Box Number is Not Acceptable)			
SANFORD) FL 32771								
				City			FL Zip C	Code	
	named entity submits this statement to ions of registered agent.	for the purpose of changing	its register	ed office or req	gistered ag	ent, or both, in the State of Florida.	I am familiar w	ith, and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	at and title if applicable. (N	VOTE: Registere	d Agent signature re	equired when re	instating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	I				Election Campaign Financir Trust Fund Contribution.		5.00 May Be dded to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11	
TITLE Name Street address City-St-Zip	D BUTLER, WILLIAM S 300 LARKWOOD DR SANFORD FL 32771	☐ Delete					☐ Chan	ge Addition	
TITLE Name Street address City-St-Zip	** **	□ Delete		1			☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deiete _				, <u>:</u> ·	☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					☐ Chan	ge 🔲 Addition	
TITLE NAME Street Address City-St-Zip		□ Delete		1			☐ Chang	ge Addition	
of the corp	pertify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and tha powered to execute this repo	at my signat ort as requir	ure shall have	the same I	egal effect as if made under oath: t	that I am an offic	cer or director L	