## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P96000011492 1. Entity Name FILED BUTLER'S METAL REFINISHING INC. 1500 W. Platt St. Tampa, FL 33606 02 JUL 12 PM 4: 07 SECRETARY OF STATE DO NOT WRITE IN THIS SPACE TALLAHASSEE, FLORID/ 3. Mailing Address
SAME AS PACE 2. Principal Place of Business
1500 W. PLA++ S+ DO NOT WRITE IN THIS SPACE 9800Suite, Apt. #, etc Suite, Apt. #, etc. City & State Applied For City & State 4. FEJ Number TAMPA 65-0640525 Not Applicable Country 33606 **\$8.75** Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Name HARRY E. PIEDRA
Street Address (P.O. 86x Number is Not Acceptable) DO NOT WRITE IN THIS SPACE 16204 PEBBLEBROOK DR City + AmPA 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 SIGNATURE Signalu 4-19-02 (NOTE: Registered Agent signature require January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS PRESIDENT TITLE HARRY E. PIEDRA IN 16204 PEBBLEBROOK DE TAMPA, FL 33624 -1015 VILE PRES. T(T) F CR2E034B (12/01 900006448659---1 -07/16/02--01052--007 NAME NAMÉ STREET ADDRESS STREET ADDRESS \*\*\*\*750.00 \*\*\*\*750.00 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE VALLIS. PIEDRA NAME NAME 16204 PEBBLE BROOK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -pouPA, FL 33624-1015 CITY-ST-ZIP TITLE MREASURER TITLE NICOLE D. PIEDRA NAME 16204 POBBLE BROOK DR THAT POLIZE 33624-1015 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 11 or on an attachment with an address, with at other like empowered.

813-259- 9499

Daytime Phone #