

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91224 044 ***150.00

DOCUMENT # P96000011492

1. Entity Name:

BUTLER'S METAL REFINISHING, INC.



Principal Place of Business

**1500 W PLATT ST
TAMPA FL 33606
US**

Mailing Address

**1500 W PLATT ST
TAMPA FL 33606
US**

24066906



MOORE CR2E034 (11/03)

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0640525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIEDRA, HARRY E JR.
16204 PEBBLEBROOK DRIVE
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 ☐ Delete
NAME **P**
STREET ADDRESS **PIEDRA, HARRY E JR.**
CITY-ST-ZIP **16204 PEBBLEBROOK DRIVE
TAMPA FL 33624-1025**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **PIEDRA, VALLIS**
CITY-ST-ZIP **16204 PEBBLEBROOK DRIVE
TAMPA FL 33624-1025**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **PIEDRA, NICOLE D**
CITY-ST-ZIP **16204 PEBBLEBROOK DRIVE
TAMPA FL 33624-1025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry E. Piedra

Date

4-20-04

Daytime Phone #

813-259-9499