## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000027011

BUTH CARPENTRY CONTRACTORS, INC.

## FILED Feb 05, 2000 8:00 am Secretary of State

					02-0	)5-2000 90020	006 ***	*150.00	
Principal Plac	e of Business	Mailing Address							
131 NE 30TH ST POMPANO BEACH FL 33064		131 NE 30TH ST POMPANO BEACH FL 33064-3637		1					
				1	1.00000001100	12111 <b>2</b> 1111 <b>22</b> 111 <b>11</b> 111 <b>2</b>	<b>a</b> nn <b>48</b> 00 in		1881 (181 (88)
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-		DO NOT WRITE	E IN THIS S	SPACE	
City & State		City & State		<b>4</b> . F	El Number	65-0657024			pplied For lot Applie
Zip	Country	Zip	Country	5. (	Certificate of	Status Desired		\$8.75 Ac Fee Requir	
	6. Name and Address of Current Re	gistered Agent		7. 1	lame and Ad	dress of New Re	gistered A	\gent	
			Name						
	LAHAN, RUTH		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	NE 30TH ST IPANO BEACH FL 33064		<del> </del>	<del>_</del>		<del></del>			
			City				FL	Zip Coo	 de
8. The above	named entity submits this statement for the	ne purpose of changing its req	gistered office or	registered ag	ent, or both, i	n the State of Flori	da.	_	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Ri	egistered Agent signatu	ire required when re	instating)	<del></del>	DATE	· <u>-</u> -	
O This page		<del></del>			<del></del>		<del>-</del> -		
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S		50.00		on Campaign Fina Fund Contribution.			00 May Be ed to Fees
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CH	IANGES TO OFFIC	CERS AND		
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13. I hereby o	certify that the information supplied with th	is filing does not qualify for th	e exemption stat	ed in Section	119.07 <u>(</u> 3)(i),	Florida Statutes, I	further cert	tify 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #