

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90064 026 ***150.00

DOCUMENT # P96000089635

1. Entity Name

BUTTRILL WOOD MASTERS, INC.

Principal Place of Business

Mailing Address

658 A LOVEJOY ROAD
 FT. WALTON BEACH FL 32548

658 A LOVEJOY ROAD
 FT. WALTON BEACH FL 32548-3865

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3413252

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTMAN, MARVIN E
3650 BOB TOLBERT ROAD
NAVARRE FL 32566

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BUTTRILL, WINFORD 48 MARY ESTHER DRIVE MARY ESTHER FL 32569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BUTTRILL, WINFORD 2493 Avenida De Sol NAVARRE FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BUTTRILL, CHRISTOPHER 1004 PINETREE ROAD MARY ESTHER FL 32569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | UP BUTTRILL, CHRIS 8363 TORTUGA STREET NAVARRE, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S BUTTRILL, AVIS 48 MARY ESTHER DRIVE MARY ESTHER FL 32569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S BUTTRILL, AVIS 2493 AVENIDA DE SOL NAVARRE, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BUTTRILL, CHRISTA 52 MARY ESTHER DRIVE MARY ESTHER FL 32569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BUTTRILL, CHRISTA 8363 TORTUGA STREET NAVARRE, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Winford Buttrill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26-00 850-664-6405
 Date Daytime Phone #

CR2E034 (9/99)