

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90851 025 ***150.00

0036366 AV

DOCUMENT # P96000089635

1. Entity Name

BUTTRILL WOOD MASTERS, INC.

Principal Place of Business

**658 A LOVEJOY ROAD
 FT. WALTON BEACH FL 32548**

Mailing Address

**658 A LOVEJOY ROAD
 FT. WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3413252

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BUTTRILL, WINFORD	
STREET ADDRESS	2493 RUENIDA DE SOL	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTTRILL, CHRIS	
STREET ADDRESS	15 LAKEVIEW DRIVE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUTTRILL, RUIS	
STREET ADDRESS	2495 AVENIDA DE SOL	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUTTRILL, CHRISTA	
STREET ADDRESS	15 LAKEVIEW DRIVE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTRILL WINFORD	
STREET ADDRESS	2493 AVENIDA DE SOL	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTRILL, AUIS	
STREET ADDRESS	2493 AVENIDA DE SOL	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *ASIG. BUTTRILL* **REQUIREDS BUTTRILL** 4-10-02 850-664-6403
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)