2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000089635 **DOCUMENT #**

1. Entity Name

BUTTRILL WOOD MASTERS, INC.



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90139 007 ***150.00

6. Name and Address of Current Registered Agent PITTMAN, MARVIN E 3650 BOB TOLBERT ROAD NAVARRE FL 32566 City City FL Zi 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable FillE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME BUTTRILL, WINFORD STREET ADDRESS CITY -ST -ZIP NAVARRE FL 32566 CITY -ST -ZIP	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State 4. FEI Number 59-3413252 Zip Country Zip Country 5. Certificate of Status Desired \$8.7 Fee R 6. Name and Address of Current Registered Agent Name Name PITTMAN, MARVIN E 3650 BOB TOLBERT ROAD NAVARRE FL 32566 City FL Zi 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 familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Title NAME 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title NAME STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP CITY-ST-ZIP Suite, Apt. #, etc. City & FL Status Desired	
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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:

4.14.03

850-664-64.05 Daytime Phone #