

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90139 007 ***150.00

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**

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BUTTRILL, WINFORD	
STREET ADDRESS	2495 AVENIDA 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
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Buttrill, AVIS

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.14.03 *850-664-6405*

CR2E034 (10/02)