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UNIFORM BUSINESS REPORT

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-21-2002 91145 035 ***150.00

DOCUMENT # P99000043995 ✓

1. Entity Name

Butler and Associates Accounting and Business Services, Inc.

93738

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5740 NW 54th Lane	Same B #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tamarac, FL	
City & State	City & State
Zip 33319 Country U.S.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0916001 ~~65-0916001~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Sabrina G. Butler

Street Address (P.O. Box Number is Not Acceptable): 5740 N.W. 54th Lane

City: Tamarac, FL 33319 — **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Fee: January 1st-May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Sabrina G. Butler
STREET ADDRESS	5740 NW 54th Lane, Tamarac, FL 33319
CITY-ST-ZIP	
TITLE	Vice - President
NAME	Mitchell Butler
STREET ADDRESS	5740 NW 54th Lane, Tamarac, FL 33319
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mitchell Butler 5/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON MAKING DELIVERY OR PREPARER — Date