

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000058033**

1. Entity Name

THE BUTLER'S ENTERPRISES, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90007 006 ***150.00

0073411

Principal Place of Business

387 N ALAFAYA TR
ORLANDO FL 32828

Mailing Address

14125 CASTLEROCK DR
ORLANDO FL 32828**C0005345**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

387 N. ALAFAYA TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL4. FEI Number **74-2919062**

Applied For

Not Applicable

Zip

Country

Zip

Country

32828**ORANGE**5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TREVISANI, CAMILLE
14219 LUDGATE HILL LANE
ORLANDO FL 32828

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NARDOLILLO, JOANN
14125 CASTLEROCK DR
ORLANDO FL 32828 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NARDOLILLO, FRANK
14125 CASTLEROCK DR
ORLANDO FL 32828 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Nardolillo

Date

1/6/01

Daytime Phone #

407-736-1272

CR2E034 (10/00)