FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # V73435** 1. Entity Name M C BUTLER, INC. 04-26-2001 90302 016 \*\*\*150.00 Principal Place of Business Mailing Address 1618 AVE Q 1618 AVE Q. FT. PIERCE FL 34950 FT. PIERCE FL 34950 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. EEL Number Applied For 65-0369684 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AL JOHNSON & ASSOCIATES INC. Street Address (P.O. Box Number is Not Acceptable) 911 DELAWARE AVENUE FT. PIERCE FL 34950 City Zip Code Fl 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL F CR2E034 (10/00) ☐ Delete THEF Change Addition BUTLER, CHARLES E. NAME NAME STREET ADDRESS 1618 AVE. Q STREE" ADDRESS CITY-ST-ZIP FT. PIERCE FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BUTLER, MARY H. NAME STREET ADDRESS 1618 AVE. Q STREET ADDRESS CITY-ST-7IP FT. PIERCE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath, that I am an efficer 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

CHARLES E BUTLER 4-17-01 561 461-4807