

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90064 005 ***150.00

DOCUMENT # V 73435 ✓
1. Entity Name
M C BUTLER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1618 AVE Q
Suite, Apt. #, etc.

3. Mailing Address
1618 AVE Q
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT PIERCE, FL
Zip **34950** Country **US**

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FT PIERCE, FL
Zip **34950** Country **US**

4. FEI Number
65-0369684
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
AL-JOHNSON & ASSOCIATES INC.
Street Address (P.O. Box Number is Not Acceptable)
911 DELAWARE AVENUE
City **FT PIERCE** FL Zip Code **34950**

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)

January 1 - May 1 Fee is \$150.00
After May 1, 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 NAME STREET ADDRESS CITY - ST - ZIP	P T BUTLER, CHARLES E 1618 AVENUE Q FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V S BUTLER, MARY H 1618 AVE Q FT PIERCE, FL
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles E Butler **CHARLES E BUTLER** 4/29/02 (772)461-4807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)