


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

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90037 012 \*\*\*150.00

DOCUMENT # P02000045927

1. Entity Name  
B.A.M-Butler, Inc.



**DO NOT WRITE IN THIS SPACE**

24041665

2. Principal Place of Business  
2190 S.W. Trenton Lane  
Suite, Apt. #, etc.  
Port St. Lucie Fla.  
City & State

3. Mailing Address  
2190 S.W. Trenton Lane  
Suite, Apt. #, etc.  
Port St. Lucie  
City & State  
Florida

4. FEI Number  
01-0707-995

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

Zip 34984 Country USA Zip 34984 Country USA

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7. Name and Address of Current Registered Agent

Name  
M-Butler, Barbara A.

Street Address (P.O. Box Number is Not-Acceptable)  
2190 SW Trenton Lane

City Port St. Lucie FL Zip Code 34984

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <u>PSTD</u>	NAME <u>M-Butler, Barbara A.</u>	TITLE	
STREET ADDRESS <u>2190 SW Trenton Lane</u>	CITY-ST-ZIP <u>Port St. Lucie, Florida 34984</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
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**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: Barbara A. M-Butler Inc. Date 4/12/04 Daytime Phone # 772-337-2794

CR2E034B (12/02)