## 🛫 2601 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 12, 2001 8:00 am Secretary of State DOCUMENT # F9300003097 1. Entity Name BUTNER ARCHITECTURAL GROUP, P.C. 03-12-2001 90426 036 \*\*\*150.00 Principal Place of Business Mailing Address 5754 CARMICHAEL PKWY PO BOX 211208 MONTGOMERY AL 36117 MONTGOMERY AL 36102 lus 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. FEI Number Applied For 63-1060755 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - - 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 PCD Change Addition TITI F TITLE ☐ Delete **BUTNER, ERNEST S** NAME NAME STREET ADDRESS STREET ADORESS 3130 PINEHURST DRIVE CITY-ST-ZIP CITY-ST-ZIP **MONTGOMERY AL 36111** ☐ Addition VTD ☐ Delete TITLE TITLE ☐ Change RUSH, JAMES M NAME NAME STREET ADDRESS STREET ADDRESS 2844 COLONIAL DRIVE CITY-ST-7IP CITY-ST-ZIP MONTGOMERY AL 36106 X Change Addition ( SD ☐ Delete TITLE GREENSHIELDS, GARY NAME: NAME 1028 WILLOW SPRINGS ROAD STREET ADDRESS STREET ADDRESS Wetumpka Al 36092 CITY-ST-ZIP CITY-ST-ZİP WETUMPKA AL TITLE ☐ Delete TITLE ☐ Addition NAME\* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP I hereby certify that the information sup indicated on this report or supplementa

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a 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 see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a deress, with all other like empowered. changed, or on an attachment w ames M. Rush

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 2001

Daytime Phone #