

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90205 029 ***150.00

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1. Entity Name
BUTNER ARCHITECTURAL GROUP, P.C.

Principal Place of Business
**5754 CARMICHAEL PKWY
MONTGOMERY AL 36117
US**

Mailing Address
**PO BOX 211208
MONTGOMERY AL 36102 36121**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-1060755**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Delete
NAME **BUTNER, ERNEST S**
STREET ADDRESS **3130 PINEHURST DRIVE**
CITY-ST-ZIP **MONTGOMERY AL 36111**

TITLE **President, Director** ☒ Change ☐ Addition
NAME **Gary L. Greenshields**
STREET ADDRESS **1028 Willow Springs Rd, Wetumpka, AL 36092**

TITLE **VTD** ☒ Delete
NAME **RUSH, JAMES M**
STREET ADDRESS **9165 VAUGHN RD**
CITY-ST-ZIP **PIKE ROAD AL 36064**

TITLE **Va President, Secretary, Director** ☐ Change ☒ Addition
NAME **Yann D. Cowart**
STREET ADDRESS **3333 Southview, Montgomery, AL 36111**

TITLE **SD** ☒ Delete
NAME **GREENSHIELDS, GARY**
STREET ADDRESS **1028 WILLOW SPRINGS ROAD**
CITY-ST-ZIP **WETUMPKA AL 36092**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

Daytime Phone #

334 264-8888

CR2E034 (10/02)