## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jun 20, 2002 8:00 am Secretary of State 06-20-2002 90063 005 \*\*\*450.00

DOCUMENT # F0100000 5602 1. Entity Name

BUT Real Estate Development, Inc.

DO NOT WRITE	IN THIS SF	PACE	870	0 4 9 6
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 5. Sunte. Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>	DO NOT WRIT	TE IN THIS SPACE
1500	City & State		4. FEI Number	Applied For
City& State AA(an ta	Country Zip Country		4. FEI Number 62 - 1212	Not Applicable  \$8.75 Additional
Zip GA Zountry USA	Ζίρ		5. Certificate of Status Desired	Fee Required
7. Name and Address of Current Registered Agent  Name CT COVPORATION  Street Address (P.O. Box Number is Not Acceptable)  1200 South Pine Island Rd				
		City Dlanta		FL 733374
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 elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  Make Check Payable to Department of State				
11. OFFICERS AND TITLE WESIDENT	DIRECTORS	TITLE TO THE STATE OF THE STATE		<u> </u>
NAME LANGE BARNE	, , ,			200
				FO 34B
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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: SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER	R DIRECTOR	Date	Daytime Phone #