

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90583 035 ****50.00

DOCUMENT # L00000003081

1. Entity Name

BUTLER ENTERPRISES, L.L.C.

Principal Place of Business

POST OFFICE BOX 1176
 LAKELAND FL 33802-1176

Mailing Address

POST OFFICE BOX 1176
 LAKELAND FL 33802-1176

957566



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13238 US 98

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

4. FEI Number

59-3635642

Applied For

Not Applicable

Zip

33876

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FITCH, JAMES E
 13238 US 98
 SEBRING FL 33876

7. Name and Address of New Registered Agent

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.

SIGNATURE

JAMES FITCH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-06-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 BUTLER, DOROTHY W
 POST OFFICE BOX 1176
 LAKELAND FL 33802-1176 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 JAMES FITCH
 13238 US 98
 SEBRING, FL 33876 ☒ Change ☐ Addition

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-06-02

Date

Daytime Phone #

CR2E083 (9/01)