

2001 UNIFORM BUSINESS REPORT (UBR)

0016995 AF

DOCUMENT # **L00000006894**

1. Entity Name
GUTE FAHRT, LLC

FILED
01 JAN 18 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**14925 LAKE FOREST DRIVE
LUTZ FL 33549**

Mailing Address
**14925 LAKE FOREST DRIVE
LUTZ FL 33549**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 47388
Suite, Apt. #, etc.

City & State
TAMPA, FL

4. FEI Number
59-3658090

Applied For
 Not Applicable

Zip
33647

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ESTIME, GILBERT
17454 SW 79 COURT
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name
GARY A. ENGLUND

Street Address (P.O. Box Number is Not Acceptable)
14925 LAKE FOREST DRIVE

City
LUTZ FL Zip Code
33549

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 *Gary A. Englund* **GARY A. ENGLUND, OWNER** 1/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MANAGING MEMBER
GARY A. ENGLUND
14925 LAKE FOREST DRIVE
LUTZ, FL 33549

800003568389--6
-01/23/01--01/23/01
*****50.00 *****50.00

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: *GARY A. ENGLUND* **GARY A. ENGLUND** 1/16/01 813-972-7790
Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)