

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/17/2003-90214-009-\$50.00-\$50.00


FILED

2003 MAR 10 AM 10:40

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000006876**

1. Entity Name  
**GUY BUTLER ARCHITECT, LLC**



Principal Place of Business  
**719 PEACHTREE ROAD  
ORLANDO FL 32804**

Mailing Address  
**719 PEACHTREE ROAD  
ORLANDO FL 32804**

2. Principal Place of Business  
**315 E. ROBINSON ST.**

3. Mailing Address  
**315 E. ROBINSON ST**

Suite, Apt. #, etc.  
**675**

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip  
**32801**

Country  
**USA**

Zip  
**32801**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**01-0643150**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BUTLER, GUY ARTHUR  
719 PEACHTREE ROAD  
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name  
**GUY BUTLER**

Street Address (P.O. Box Number is Not Acceptable)  
**315 E. ROBINSON ST**

City  
**ORLANDO FL**

Zip  
**32801**

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  

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when withdrawing)

DATE  
**FEB 11, 2003**

**MANAGER**

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>MEMBER</b>			
	<b>RICHARD GUY ARTHUR BUTLER</b>	<b>1554 WATERWITCH DR</b>	<b>ORLANDO FL 32806</b>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report to be 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 prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **SIGNATURE REQUIRED**  **Jan 7, 03** **007/048-5000**

Signature and typed or printed name of current managing member, manager, or authorized representative

CHANGES (10/02)