## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M98000000482

1. Entity Name

## ARRINGTON WATKINS ARCHITECTS, LLC

Mailing Address Principal Place of Business 5240 NORTH 16TH STREET #101 130351 5240 NORTH 16TH STREET #101 PHOENIX AZ 85016 PHOENIX AZ 85016 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 86-0779271 Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Change Addition MGRM ☐ Delete TITLE WATKINS, DAVID W NAME 5240 N. 16TH ST. #101 STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85016 Change Addition MGRM ☐ Delete TITLE ARRINGTON, LYNN R NAME STREET ADDRESS 5240 N. 16TH ST. #101 CITY-ST-ZIP PHOENIX AZ 85016 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

FILED Sep 18, 2002 8:00 am Secretary of State

09-18-2002 90047 038 \*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE** 

AGER, OR AUTHORIZED REPRESENTATIVE

9.1.42.602-279-4373
Date Daytime Phone #

(9/01 CR2E083