

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90070 033 ***150.00

0061849

DOCUMENT # P98000102445

1. Entity Name

ROBERT D. GUTHRIE, JR., P.A.

Principal Place of Business

**790 N ORANGE AVE
ORLANDO FL 32801**

Mailing Address

**PO BOX 3026
ORLANDO FL 32802**

2. Principal Place of Business

1780 N. Mills Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32801

Country

Orange

Zip

Country

4. FEI Number

59-3546838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUTHRIE, ROBERT D JR
790 N ORANGE AVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Guthrie, Robert D. Jr.

Street Address (P.O. Box Number is Not Acceptable)

1780 N. Mills Avenue

City

Orlando

FL

Zip Code

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.

SIGNATURE

Robert D. Guthrie, Jr.

Robert D. Guthrie, Jr. Pres. 03-23-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GUTHRIE, ROBERT D JR**
STREET ADDRESS **790 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Guthrie, Robert D. Jr.**
STREET ADDRESS **1780 N. Mills Avenue**
CITY-ST-ZIP **Orlando, FL 32801**

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

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert D. Guthrie, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Guthrie, Jr. 3-23-01

President

Date

Daytime Phone #

401-836-7353

CR2E034 (10/00)