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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # **450059** ARCHITECTS DESIGN GROUP, INC. 04-14-2001 90009 048 ***158.75 Principal Place of Business Mailing Address 333 N KNOWLES AVENUE (32789-3809) P. O. BOX 1210 WINTER PARK FL 32790 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1543 158 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECHTEL, STEVEN R. Street Address (P.O. Box Number is Not Acceptable) 100 E. ROBINSON ST. ORLANDO FL 32801 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9 - This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE REEVES, ISKV NAME NAME STREET ADDRESS STREET ADDRESS 255 SYLVAN BLVD. CITY-ST-ZIP CiTY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete TITLE ☐ Change ■ Addition REEVES, SARA W. NAME STREET ADDRESS STREET ADDRESS 255 SYLVAN BLVD. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete ☐ Change ☐ Addition DAWSON, TERRY L NAME STREET ADDRESS 333 N KNOWLES AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINER PARK FL 32789 TITLE ☐ Delete TITLE ☐ Change Addition RATIGAN, KEVIN J NAME NAME STREET ADDRESS 333 N KNOWLES AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINER PARK FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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