2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

450059 DOCUMENT

1. Entity Name

ARCHITECTS DESIGN GROUP, INC.



Principal Place of Business Mailing Address 333 N KNOWLES AVENUE (32789-3809) P. O. BOX 1210 WINTER PARK FL 32790 WINTER PARK FL 32792 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1543158 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 City Zip Code 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 r the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITI F ☐ Addition ☐ Delete Change REEVES, ISKV NAME NAME STREET ADDRESS 255 SYLVAN BLVD. STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP City-St-7IP VSD TITLE ☐ Delete TITLE Change ☐ Addition REEVES, SARA W. NAME NAME 255 SYLVAN BLVD. STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP -TITLE.... Delete - m. TITLE ----🚅 🚅 🚾 Change ☐ Addition DAWSON, TERRY L NAME NAME 333 N KNOWLES AVE STREET ADDRESS STREET ADDRESS WINER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition RATIGAN, KEVIN J NAME 333 N KNOWLES AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP WINER PARK FL CITY-ST-ZIP TITLE ☐ Change ☐ Delete TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME

Apr 11, 2003 8:00 am & Secretary of State FILED

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.