

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90554 003 \*\*\*158.75

DOCUMENT # **603537**



1. Entity Name  
**FLEISCHMAN AND GARCIA ARCHITECTS AND PLANNERS, A  
.I.A., P.A.**

Principal Place of Business  
**324 HYDE PARK AVE.  
STE. 300  
TAMPA FL 33606**

Mailing Address  
**324 S. HYDE PARK AVE.  
300  
TAMPA FL 33606  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1400667**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEISCHMAN, SOL J AIA  
324 S. HYDE PARK AVE.  
SUITE 300  
TAMPA FL 33606**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PO**  Delete  
NAME **FLEISCHMAN, SOLOMON**  
STREET ADDRESS **2919 VILLA ROSA**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **EX. V.P.**  Change  Addition  
NAME **John Cutter Kelly, AIA**  
STREET ADDRESS **324 S. Hyde Park, #300**  
CITY-ST-ZIP **Tampa, Florida 33606**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V.P.**  Change  Addition  
NAME **Kevin Smith, AIA**  
STREET ADDRESS **324 S. Hyde Park #300**  
CITY-ST-ZIP **Tampa, Florida 33606**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/03 813-82514400**  
Date Daytime Phone #

CR2E034 (10/02)