


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

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90057 004 \*\*\*150.00

DOCUMENT # F94060003461  
1. Entity Name  
Boney Architects, Inc.



00003001

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2528 Independence Blvd  
Suite, Apt. #, etc. 200  
City & State Wilmington, NC  
Zip 28412 Country USA

3. Mailing Address  
Same as item #2  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1317458 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd  
City Plantation FL Zip Code 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE - NAME	CFO Paul D. Boney	TITLE - NAME	
STREET ADDRESS	2528 Independence Blvd Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Wilmington, NC 28412	CITY-ST-ZIP	
TITLE - NAME	V. President Charles H. Boney, Jr.	TITLE - NAME	
STREET ADDRESS	2528 Independence Blvd Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Wilmington NC 28412	CITY-ST-ZIP	
TITLE - NAME	President Katherine M. Peale	TITLE - NAME	
STREET ADDRESS	5511 Capital Center Dr. #105	STREET ADDRESS	
CITY-ST-ZIP	Raleigh NC 27604	CITY-ST-ZIP	
TITLE - NAME	CFO Cynthia D. Anderson	TITLE - NAME	
STREET ADDRESS	5511 Capital Center Dr. #105	STREET ADDRESS	
CITY-ST-ZIP	Raleigh NC 27604	CITY-ST-ZIP	
TITLE - NAME		TITLE - NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE - NAME		TITLE - NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: Cif Anderson, CFO 3/4/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)