


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2003 8:00 am  
Secretary of State

02-17-2003 90186 036 \*\*\*158.75

**DOCUMENT # K95622**

1. Entity Name  
**REG ARCHITECTS, INC.**



Principal Place of Business  
**120 S DIXIE HWY  
STE 201  
WEST PALM BEACH FL 33401  
US**

Mailing Address  
**120 S DIXIE HWY  
STE 201  
WEST PALM BEACH FL 33401  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0130307**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GONZALEZ, RICARDO E. JR  
122 DUNES EDGE ROAD  
JUPITER FL 33458**

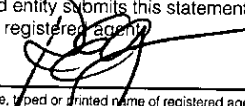
**7. Name and Address of New Registered Agent**

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  DATE

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**  
**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

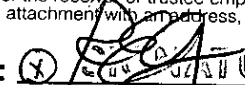
**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, RICARDO E. JR.</b>	
STREET ADDRESS	<b>122 DUNES EDGE RD.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, KAREN</b>	
STREET ADDRESS	<b>122 DUNES EDGE RD.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>Colin Price</b>	
STREET ADDRESS	<b>526 Sabal Palm Drive</b>	
CITY-ST-ZIP	<b>Lake Park FL 33403</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Colin Price</b>	
STREET ADDRESS	<b>526 Sabal Palm Drive</b>	
CITY-ST-ZIP	<b>Lake Park FL 33403</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Date **2/13/03** Daytime Phone # **561-659-2383**

CR2E034 (10/02)