**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 01, 2001 8:00 am DOCUMEN'T # M96095 Secretary of State 1. Entity Name HUNTON, BRADY, PRYOR & MASO ARCHITECTS, P.A. 02-01-2001 90172 046 \*\*\*150.00 Principal Place of Business Mailing Address 135 W CENTRAL BLVD SUITE #400 135 W CENTRAL BLVD SUITE #400 ORLANDO FL 32801-9405 ORLANDO FL 32801-9405 D0012455 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 59-2910866 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ...6. Name and Address of Current Registered Agent PRYOR, FRED H JR. Street Address (P.O. Box Number is Not Acceptable) 135 WEST CENTRAL BLVD., SUITE 400 ORLANDO FL 32801 City Zip Code FL 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE **Delete** TITLE Addition BRAYD, CLYDE A JH NAME NAME 135 WEST CENTRAL BLVD. STREET ADDRESS STREET ADDRESS OBLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRYOR, FRED H JR. NAME NAME 135 WEST CENTRAL BLVD. STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-7IP CITY-ST-ZIP VPS -- --- Addition -TITLE ☐ Delete TITLE ☐ : Change MASO, MAURIZIO J NAME NAME 135 WEST CENTRAL BLVD. STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 🥌 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.