2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am M96095 DOCUMENT # **Secretary of State** 1. Entity Name 02-04-2002 90109 020 ***150.00 HUNTON, BRADY, PRYOR & MASO ARCHITECTS. P.A. 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2910866 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRYOR, FRED H JR. Street Address (P.O. Box Number is Not Acceptable) 135 WEST CENTRAL BLVD., SUITE 400 ORLANDO FL 32801 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ☐ Change PRYOR, FRED H JR. NAME NAME 135 WEST CENTRAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL C!TY-ST-ZIP **VPS** ☐ Delete ☐ Change ☐ Addition TITLE TITLE MASO, MAURIZIO J NAME NAME STREET ADDRESS 135 WEST CENTRAL BLVD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

13. I hereby certify that the information exception 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 receiverfor 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/01 (407)839-0886 Daytime Phone #

FILED

CR2E034 (9/01)