

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90091 027 ***150.00

DOCUMENT # P00000013827

1. Entity Name

GROUP 942 ARCHITECTURE, P.A.

Principal Place of Business

Mailing Address

14025 OSPREY LINKS ROAD
 SUITE 374
 ORLANDO FL 32837

14025 OSPREY LINKS ROAD
 SUITE 374
 ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

2730 Holiday Woods Dr
 Suite, Apt. #, etc.

2730 Holiday Woods Dr
 Suite, Apt. #, etc.

City & State

~~XXX~~ Kissimmee, FL

City & State

Kissimmee, FL

Zip

Country

34744

Osceola

Zip

Country

34744

Osceola

00003049



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3684737

Applied F

Not Appli

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

BOGDANY, DANNY
 14025 OSPREY LINKS ROAD
 SUITE 374
 ORLANDO FL 32837

Bogdanny, Danny
 2730 Holiday Woods Dr
 Kissimmee, FL
 34744

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May B. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSTD** Delete
 NAME: **BOGDANY, DANNY**
 STREET ADDRESS: **14025 OSPREY LINKS ROAD, SUITE 374**
 CITY-ST-ZIP: **ORLANDO FL 32837**

TITLE: Change Add
 NAME: Change Addit.
 STREET ADDRESS: Change Addit.
 CITY-ST-ZIP: Change Addit.

TITLE: Delete
 NAME: *** Note-Change of address.**
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addit.
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 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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.

SIGNATURE:

Danny Bogdany
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny Bogdany

12/29/00

407-348-9424

Date

Daytime Phone #