

03-13-2002 90107 037 \*\*\*150.00

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

DOCUMENT # **P00000072262**  
 1. Entity Name  
**DIGUISEPPE ARCHITECT INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>7040 W. PALMETTO PARK RD</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>#4-444</b>		Suite, Apt. #, etc.	
City & State <b>BOCA RATON</b>		City & State	
Zip <b>33433</b>	Country <b>USA</b>	Zip	Country

DO NOT WRITE IN THIS SPACE

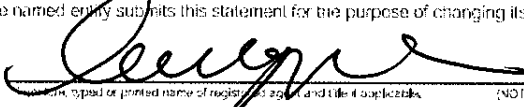
4. FEI Number <b>522257271</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>NANCY C. CROJN, P.A.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>7301 West Palmetto Park Road.</b>
<b># 104-B</b>
City <b>BOCA RATON</b> FL Zip Code <b>33433</b>

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  PRES. DATE **2/21/02**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to: Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <b>PRESIDENT</b>	NAME <b>ANTHONY J. DIGUISEPPE</b>	TITLE	NAME
STREET ADDRESS <b>882509 BRIDGEWOOD LANE</b>	CITY-STATE-ZIP <b>BOCA RATON, FL 33434</b>	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE  DATE **2/21/02** TELEPHONE # **561-451-0869**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)