

AMENDED

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

FILED

02 AUG 21 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000007290120-0

-08/22/02--01064--015

\*\*\*\*\*61.25 \*\*\*\*\*61.25

**DOCUMENT #** P01000015658

**1. Entity Name**  
DESIGNERS ARCHITECTURAL, P.A.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
100 Venetian Court  
Suite, Apt. #, etc.

**3. Mailing Address**  
100 Venetian Court  
Suite, Apt. #, etc.

**City & State**  
Sanford, FL

**City & State**  
Sanford, FL

**Zip** 32771-9546 **Country** USA

**Zip** 32771-9546 **Country** USA

**4. FEI Number**  
52-2294205

**Applied For**  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**Name**  
James A. Garritani

**Street Address (P.O. Box Number is Not Acceptable)**  
100 Venetian Court

**City** Sanford **FL** **Zip Code** 32771-9546

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**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**  **\$5.00 May Be Added to Fees**

**Trust Fund Contribution:**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> D, P	<b>NAME</b> James A. Garritani, D, P, T, S
<b>STREET ADDRESS</b> 100 Venetian Court	
<b>CITY-ST-ZIP</b> Sanford, FL 32771-9546	
<b>TITLE</b> NAME	
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	
<b>STREET ADDRESS</b> CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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** 8/15/02 **DAYTIME PHONE #** 407 321 9794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

05 8/22/02