2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P01000015658

1. Entity Name

100 VENETIAN COURT

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

10.

SANFORD FL 32771-9546

2. Principal Place of Business

GARRITANI, JAMES A

100 VENETIAN COURT SANFORD FL 32771-9546

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

GARRITANI, JAMES A

100 VENETIAN COURT

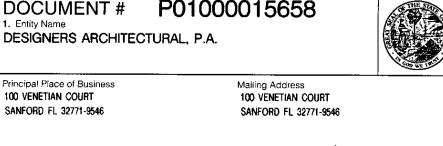
SANFORD FL 32771-9546

DESIGNERS ARCHITECTURAL, P.A.

Country

6. Name and Address of Current Registered Agent

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



3. Mailing Address

Suite, Apt. #, etc.

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Country

(NOTE: Registered Agent signature required who

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CITY-ST-ZIP

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered

OFFICERS AND DIRECTORS

FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90183 029 ***150.00

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Name								
Street Ad	ddress (F	P.O. B	ox Number is	s Not Acce	ptable)			
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City						FL	Zip Co	de :
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CITY-ST-ZIP 12. 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 trists. I employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #