

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90143 047 \*\*\*158.75

**DOCUMENT # P95000068132**

1. Entity Name  
**FLORIDA ARCHITECTS, INC.**

Principal Place of Business <b>7200 LAKE ELLENOR DR., STE. 252          SUITE 250          ORLANDO FL 32809          US</b>	Mailing Address <b>7200 LAKE ELLENOR DR. STE.250          ORLANDO FL 32809</b>
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**907304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3331804</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**SORCI, JOSEPH J  
 853 JORDAN AVE.  
 ORLANDO FL 32809**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ 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)

**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 Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>MPT</b>	<input type="checkbox"/> Delete
NAME	<b>SORCI, JOSEPH J</b>	
STREET ADDRESS	<b>853 JORDAN AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32809-6475</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BARNES, KEVIN E</b>	
STREET ADDRESS	<b>5004 FOXFIRE LN</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, STEPHEN R</b>	
STREET ADDRESS	<b>1448 SOUTHWIND DR</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32837</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, MARK W</b>	
STREET ADDRESS	<b>721 E AMELIA ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEMSCH, MARKUS J</b>	
STREET ADDRESS	<b>1281 SEYBOLD TERRACE</b>	
CITY-ST-ZIP	<b>DELTONA FL 32727</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>MP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T/S Johnson, Valli C.</b>	
STREET ADDRESS	<b>3380 Cypress Pt. Circle</b>	
CITY-ST-ZIP	<b>Saint Cloud, FL 34772</b>	

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: **Joseph J Sorci** **1/18/2001** **407/857-0055**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)