

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90026 036 \*\*\*150.00

**DOCUMENT # 530788**

1. Entity Name  
**ARCHIMICA (PUERTO RICO) INC.**

Principal Place of Business <b>AIRPORT INDUSTRIAL PARK          4044 NE 54TH AVE          GAINESVILLE FL 32609          US</b>		Mailing Address <b>P O BOX 1466          GAINESVILLE FL 32602-1466          US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>66-0353903</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MADDOX, DAVID N</b> <b>RUDRY RD</b> <b>LISVANE CARDIFF WA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRUMMITT, MICHAEL T.</b> <b>9517 SW 54th Road</b> <b>Gainesville, FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TWIGGS, CREIGHTON F</b> <b>LABUNRNUMCOTTAGE WARRINGTON RD</b> <b>MICKLE TRAFFORD CH</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>S. Craig Stafford</b> <b>13114 Silktree Lane West</b> <b>Jacksonville, FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARBLE, CHARLES E</b> <b>2816 PRUITT DRIVE</b> <b>COLUMBIA SC 29204</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BAUCOM, KEITH</b> <b>4044 NE 54TH RD</b> <b>GAINESVILLE FL 32609</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KRAMZAR, GARY R</b> <b>501 DILWORTH FARM LN</b> <b>WEST CHESTER PA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>REIGEL, ERNEST W</b> <b>100 N TYRON ST, FL 47</b> <b>CHARLOTTE NC</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: ✓ *Kevin B. Barron* **3/9/2000** (352) 376-8246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)