2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13946

 Entity Name 							
ACTECH ARC	HITECTS, ENGINE	ers and Planner	IS, INCOR				
			· · ·				
Principal Place of Business		Mailing Address					
126 W ADAMS ST.		P.O. BOX 691					
SUITE 450		P. O. BOX 691					
JACKSONVILLE FL 32201-3524		JACKSONVILLE FL 32201-3524					
US		U\$					
A Dringing Diagonal	Dustana	9 Mailing Addrs					
2. Principal Place of Business		3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, e	nc.				
Oh. 9 Chat-		City & Class					
City & State		City & State					
7in	Country	Zip	Country				
Zìp	Country	Zip	Country				
6.1	Name and Address of Cu	rrent Registered Agent					
0. 1	tame and Address of Co	ment registered Agent	Nome				

FILED Apr 28, 2001 8:00 am Secretary of State 04-28-2001 90050 047 ***150.00

Principal Place of Business		Mailing Address		1								
126 W ADAMS ST. SUITE 450 JACKSONVILLE FL 32201-3524 US		P.O. BOX 691 P. O. BOX 691 JACKSONVILLE FL 32201-3524 US			 88 8 71 8 1881	(1 111) 210 1 111 210		<u> </u>	i il o liik 1003			
2. Principal Place of Business		3. Mailing Address							III 38317 (8 5 7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE				
City & State		City & State		4.	4. FEI Number 59-0203057				Applied For Not Applicable			
Zìp		Country	Zip Country		5.	Certificate of	Status Desired		\$8.75 Add Fee Require		1	
	6. Name	and Address of Current F	legistered Agent	L		7.	Name and Ad	ldress of New F	Registered	l Agent		1
					Name					•		
	Y, SEDLEY			~~~	~Street-Ad	dress (P:O:1	Box Number is	Not Acceptable	e)			- - =
	ISSER CO											\downarrow
JACI	KSONVIILE	FL 3221/										
					City				F	Zip Coo	le]
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or r	egistered ag	gent, or both, i	n the State of Fl	orida.	•		1
												ļ
SIGNATURE.	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	E: Registere	d Agent signature	required when r	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, 2001 Fee will be \$550.00 Make Check Payable to Department of St.		0.00		on Campaign Fir Fund Contributio	-	\$ 5.0 □ Added	00 May Be d to Fees			
11.		OFFICERS AND D	DIRECTORS	12.		A	DDITIONS/CH	IANGES TO OFF	FICERS AN	D DIRECTOR	S IN 11	_ [
TITLE	DP		☐ Delete	TITLI						Change	☐ Addition	/10/00
NAME	HUEY, SE			NAM								
STREET ADDRESS	2917 ISSI				ET ADDRESS - ST- ZIP							5
CITY-ST-ZIP	D	IVILLE, FL 00000		TITLE						Change	Addition	- 6
TITLE NAME	-	, MICHAEL D	☐ Delete	NAM						Onlingo		(
STREET ADDRESS		IORE VIEW DR N		STRE	ET ADDRESS							1
CITY-ST-ZIP		IVILLE, FL 00000		CITY	-\$T-ZIP							
TITLE	D		☐ Delete	TITLI			,		_	☐ Change	Addition Addition	
NAME	VERMEY,			NAM	E ADDRESS			-				
STREET ADDRESS CITY-ST-ZIP	65 SHELL	. STREET C BEACH FL			-ST-ZIP							
TITLE	ATLANTIC	DEAUTI FL	☐ Delete	TITLI						☐ Change	☐ Addition	1
NAME			Delete	NAM						_ ,	_	
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP			A-1 A-100 (197	CITY	-ST-ZIP]
TITLE			☐ Delete	TITLI						☐ Change	☐ Addition	
NAME expect adopted				NAM STDS	- 1							
STREET ADDRESS CITY-ST-ZIP		• •		1	ET ADDRESS -ST-ZIP							
TITLE			□ Delete	TITLE	+	~				☐ Change	☐ Addition	1
NAME				NAM								
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							1
13. Thereby of indicated	certify that the	e information supplied with t	his filing does not qualify for rue and accurate and that n	the exe	mption state	d in Section ve the same	119.07(3)(i), f	Florida Statutes. s if made under	I further ce oath; that I	ertify that the i I am an officer	nformation 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 additional with all giver like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR