

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002348

1. Entity Name
ARCHITECTURAL STANDARDS, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90003 036 ***158.75

Principal Place of Business
**4635 SE DIXIE HIGHWAY
STUART FL 34997**

Mailing Address
**4635 SE DIXIE HIGHWAY
STUART FL 34992-0587**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3360 SE Golf Trail

3. Mailing Address
P.O. BOX U

Suite, Apt. #, etc.

City & State
Stuart Florida

City & State
Port Salerno Florida

Zip
34997 Country
USA

Zip
34992 Country
USA

4. FEI Number **36-2919947**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAINES, CHARLES W
ARCHITECTURAL STANDARDS, INC.
4635 SE DIXIE HIGHWAY
STUART FL 34997**

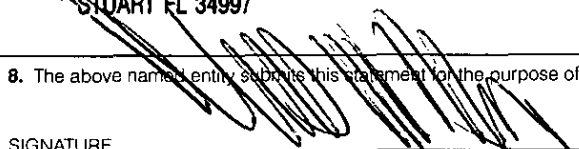
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3360 S.E. Golf Trail

City **Stuart** State **FL** Zip Code **34997**

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 **2/1/00**

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, 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 PT	<input type="checkbox"/> Delete	TITLE HAINES, CHARLES W	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAINES, CHARLES W		NAME HAINES, CHARLES W	
STREET ADDRESS 3360 SE GOLF TRAIL		STREET ADDRESS 3360 SE GOLF TRAIL	
CITY-ST-ZIP STUART FL 34997		CITY-ST-ZIP STUART FL 34997	
TITLE SD	<input type="checkbox"/> Delete	TITLE BRUESCH, JOHN F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUESCH, JOHN F		NAME BRUESCH, JOHN F	
STREET ADDRESS 300 S. WACKER DR. SUITE 3130		STREET ADDRESS 300 S. WACKER DR. SUITE 3130	
CITY-ST-ZIP CHICAGO IL 60606		CITY-ST-ZIP CHICAGO IL 60606	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/1/00** Daytime Phone # **561-286-4143**

CR2E034 (9/99)