FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 29, 2002 8:00 am Secretary of State F98000004501 DOCUMENT # 1. Entity Name 04-29-2002 90122 036 ***150 PANTSARI ARCHITECTURE, P.C. Mailing Address Principal Place of Business 2895 HIGHLAND AVE. _2835_HIGHLAND_AVE. BIRMINGHAM AL 35205 BIRMINGHAM-AL 35205 2. Principal Place of Business 3. Mailing Address 2251 Highland 2251 Highland Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 208 208 Applied For City & State 4. FEI Number City & State 72-1365272 Birmina Not Applicable Birmina Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete Pantsari, William J. NAME PANTSARI, WILLIAM J 2251 Highland Ave Ste. 208 STREET ADDRESS STREET ADDRESS 2835 HIGHLAND AVE. CITY-ST-ZIP Birmincham AL 35205 CITY-ST-ZIP **BIRMINGHAM AL 35205** TITLE ☐ Change ☐ Addition TITLE SDT NAME NAME ADAMS: LYNN-STREET ADDRESS STREET ADDRES 2835 HIGHLAND AVE: CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35205 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE 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