

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G88165

1. Entity Name

ARCHINETICS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90085 016 ***150.00

Principal Place of Business

Mailing Address

1251 SEMINOLE BLVD.
SUITE 200
CASSELBERRY FL 32707

1251 SEMINOLE BLVD.
SUITE 200
CASSELBERRY FL 32707-3520

925335



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5744 Canton Cove

5744 Canton Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

City & State

Winter Springs FL

Winter Springs FL

Zip

Zip

Country

Country

32708-5079

USA

32708-5079

4. FEI Number

59-2394813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISCARDI, ROBERT L.
617 SUNRISE AVE
WINTER SPRINGS FL 32708

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert L. Biscardi

3-21-00

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	PD	<input type="checkbox"/> Delete
NAME	BISCARDI, ROBERT L.	
STREET ADDRESS	617 SUNRISE AVENUE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert L. Biscardi

3-24-00

407-696-7299

CR2E034 (9/99)