

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90354 050 \*\*\*158.75

**DOCUMENT #** H17897  
1. Entity Name  
ROBERT REID WEDDING ARCHITECTS & PLANNERS A.I.A. INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4112 CYORESS STREET  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA, FL

City & State  
SAME

4. FEI Number  
592418685

Applied For  
Not Applicable

Zip  
33607

Country  
HILLSBOROUGH

Zip  
SAME

Country  
SAME

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. PINE ISLAND RD

City  
PLANTATION

FL

Zip Code  
33324

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR ROBERT REID WEDDING 4112 CYPRESS ST TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER ROBERT REID WEDDING 4112 CYPRESS ST TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **ROBERT REID WEDDING** 04/24/02 813-879-6996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)