2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT

H75731

1. Entity Name ARCHITECTS, INC.



FILED Feb 03, 2003 8:00 am **Secretary of State**

02-03-2003 90131 023 ***150.00



Principal Place of Business Mailing Address % JAMES FULCHER % JAMES FULCHER 350 RANGER BOULEVARD 350 RANGER BOULEVARD WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-2611156 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FULCHER, JAMES Street Address (P.O. Box Number is Not Acceptable) 350 RANGER BOULEVARD WINTER PARK FL 32792 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: I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change | Addition FULCHER, JAMES NAME NAME 350 RANGER BLVD STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition FULCHER, JAMES NAME NAME 350 RANGER BLVD STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address. with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FULCHER: (PRESIDENT) /30/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

CR2E034 (10/02)