

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # H82118**1. Entity Name
MANAUSA LEWIS AND DODSON ARCHITECTS, INC.

Principal Place of Business 2074 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308	Mailing Address 2074 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2597895

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMANAUSA, C. TRENT
806 PIEDMONT DRIVETALLAHASSEE FL
32312**7. Name and Address of New Registered Agent**

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 _____ **02/15/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	V	☐ Delete
NAME	DODSON JOEL L	
STREET ADDRESS	2729 BALDWIN DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	☐ Delete
NAME	LEWIS, RANDOLPH G.	
STREET ADDRESS	2787 ARMISTEAD ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	☐ Delete
NAME	MANAUSA, MARY LOU	
STREET ADDRESS	806 PIEDMONT DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PT	☐ Delete
NAME	MANAUSA, C. TRENT	
STREET ADDRESS	806 PIEDMONT DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: C Trent Manausa

PT

02/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)