


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # H90427

1. Entity Name
TGF ARCHITECTS, INCORPORATED



FILED

03 OCT 16 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**137 E. CRYSTAL LAKE AVE
LAKE MARY FL 32746**

Mailing Address
**137 E. CRYSTAL LAKE AVE
LAKE MARY FL 32746**



REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

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 **59-2610364**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, GRAY T.
137 E. CRYSTAL LAKE AVE
LAKE MARY FL 32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE T. GRAY FRAZIER DATE 9.10.03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> Delete
NAME	FRAZIER, T. GRAY	
STREET ADDRESS	137 E. CRYSTAL LAKE AVE.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500023306815	
CITY-ST-ZIP	09/24/03--01066--014 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: SIGNATURE FRAZIER DATE 9.10.03 DAYTIME PHONE # 407-324-7423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

FLORIDA DEPARTMENT OF STATE

OCT. 14, 2003

ATTN: KATIE ASHTON

RE: TGF ARCHITECTS, INC.
H90427



DEAR SIRs:

PLEASE FIND COMPLETED UNIFORM BUSINESS REPORT. I DID NOT RECEIVE
TAB ORIGINAL UBR.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL.

RESPECTFULLY YOURS,

T. GRAY PRAZIER