2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90026 035 ***150.00

DOCUMENT # J62641

1. Entity Name

ARCHIMICA (FLORIDA) INC.

Principal Place of Business	Mailing Address
4044 NE 54TH AVE GAINESVILLE FL 32609 US	P.O. BOX 1466 GAINESVILLE FL 32602-1466 US

DO NOT WRITE IN THIS SPACE

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 59-2806216 ☐ 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
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MADDOX, DAVID N. RUDRY RD., LISVANE CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Michael T. Brummitt 9517 SW 54th Road Gainesville, FL 32608	☐ Change ☒ XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TWIGGS, CREIGHTON F. LABRUNUM COTTAGE" WARRINGTON RD. MICKLE TRAFFORD CH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP S. Craig Stafford 13114 Silktree Lane West Jacksonville, FL 32246	☐ Change ☒ XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARBLE, CHARLES E 2816 PRUITT DR COLUMBIA SC 29204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAUCOM, KEITH 4044 NE 54TH RD GAINESVILLE FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KRAMZAR, GARY R. 501 DILWORTH FARM LANE WEST CHESTER PA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS REIGEL, ERNEST W. 100 NORTH TYRON ST., FLOOR 47 CHAROLOTTE NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: X Kurt B. Barnes 3/9/2000 (352) 376-8246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #