

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J66936**

1. Entity Name

ARCHITECTURAL HOMES, INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90307 024 ***150.00

Principal Place of Business

6160 NORTH A1A
VERO BEACH FL 32963
US

Mailing Address

6160 NORTH A1A
VERO BCH FL 32963
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2791806**

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

~~GUTERMA, ROBERT A.~~
~~501 SEA OAK DRIVE~~
VERO BEACH FL 32963

433 Silver Moss Dr.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|------------------------------|---------------|---------------------------------|
| PD | GUTERMA, ROBERT A. | 501 SEA OAK DRIVE | VERO BEACH FL | <input type="checkbox"/> |
| ST | GUTERMA, ROBERT A. | 501 SEA OAK DRIVE | VERO BEACH FL | <input type="checkbox"/> |
| VD | GUTERMA, EMILY C. | 501 SEA OAK DRIVE | VERO BEACH FL | <input type="checkbox"/> |
| VP | CAPLE, STAN | 8669 SUNBIRD PL | BOCA RATON FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|---------------------|-------------|--|-----------------------------------|
| | | 433 Silver Moss Dr. | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Guterma

Date

4/18/01

Daytime Phone #

561-231-0102

CR2E034 (10/00)