

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90039 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # K73850</b>																																																																																			
<b>1. Entity Name</b> PRATO & HEUMANN, ARCHITECTS, P.A.																																																																																			
<b>Principal Place of Business</b> 412 OSCEOLA AVE JACKSONVILLE FL 32250 US		<b>Mailing Address</b> 412 OSCEOLA AVE JACKSONVILLE FL 32250 US																																																																																	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																	
City & State		City & State																																																																																	
Zip	Country	Zip	Country																																																																																
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>																																																																																	
<b>WALKER, JAMES V., ESQ.</b> <b>217 PONTE VEDRA PARK DRIVE</b> <b>SUITE 200</b> <b>PONTE VEDRA BEACH FL 32082</b>		Name																																																																																	
		Street Address (P.O. Box Number is Not Acceptable)																																																																																	
		City																																																																																	
		<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																	
<b>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.</b>																																																																																			
<b>SIGNATURE</b> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																																																																	
		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																																																																																	
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**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.18.02 904.249.5688

CR2E034 (9/01)