2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

412 OSCEOLA AVE

JACKSONVILLE FL 32250

DOCUMENT # **K73850**

1. Entity Name

Principal Place of Business

JACKSONVILLE FL 32250

412 OSCEOLA AVE

PRATO & HEUMANN, ARCHITECTS, P.A.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90057 044 ***150.00

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US		US						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				1011 BNBN 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAK	ING CHANGES		
City & Stat	e	City & State		4.	FEI Number 59-2937431	├──├	oplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
and the state of t				. Name				
WALKER, JAMES V., ESQ.			Chron	Charles Address (DO Pay Niverbas in Net Assessable)				
217 PONTE VEDRA PARK DRIVE			Street	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 200					· ·			
PONTE VEDRA BEACH FL 32082			City	City FL Zip Code				
8 The above	named entity submits this stateme	ent for the purpose of changing its	registered office of	or registered an	gent, or both, in the State of Florida. I a		and accept	
	ions of registered agent.	one for the purpose of ontanging its	regionales di noc e	i registered ag	gent, or both, in the otate of Florida. Te	ari idirililar widi,	and accept	
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable. (NO)	E: Registered Agent signa	ture required when re	einstating) DAT	F		
					1			
	ILE NOW!!! FEE IS \$150.00	1	•		9. Election Campaign Financing	\$5.0	O May Be	
	May 1, 2003 Fee will be \$550				Trust Fund Contribution.		to Fees	
	Payable to Florida Departme							
10.		AND DIRECTORS	11.	AD	DDITIONS/CHANGES TO OFFICERS A			
TITLE	DPST	☐ Delete	TITLE	1		☐ Change	☐ Addition	
NAME	PRATO, ARNOLD		NAME					
STREET ADDRESS	412 OSCEOLA AVE JACKSONVILLE FL 32250		STREET ADDRESS CITY-ST-ZIP	1				
CITY-ST-ZIP	,		CITY-SI-ZIP					
TITLE	S	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	HEUMANN, DANIEL J		NAME					
STREET ADDRESS	412 OSCEOLA AVE		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32250		CITY-ST-ZIP					
TITLE		☐ Delete	TITLÉ			Change	Addition	
NAME STREET ADDRESS		The second secon	- NAME		- ·- ·	-		
CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP					
				1	· · · · · · · · · · · · · · · · · · ·		FT Addition	
title Name		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE			☐ Change	Addition	
NAME (□ D€I€I6	NAME			<u> — опапуе</u>	☐ Muonioli	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME		. Delete	NAME				Addition	
STREET ADDRESS		,	STREET ADDRESS					
CITY-ST-ZIP			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 of 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 experied by 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, will all other like empowered.

SIGNATURE

OTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

(904)249-5688

Daytime Phone #

CR2E034 (10/C