2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L36638 **DOCUMENT #**

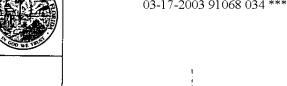
1. Entity Name

BSSW ARCHITECTS, INC.



FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 91068 034 ***150.00



Principal Place of Business 1520 ROYAL PALM SQUARE BLVD SUITE 300 FORT MYERS FL 33919-1036 US 2. Principal Place of Business			Mailing Address 1520 ROYAL PALM SQUARE BLVD SUITE 300 FORT MYERS FL 33919-1036 US												
2. Principal	Place of Busin	3. Mailir	3. Mailing Address					1 14411411	48 1914 4 \$ 361		1181 PUTI B1811	01011 0 1011 0 1611	010 010 14 5		
Suite, Ap	t. #, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								
City & Sta	nte	City & State					4. FEI Number 65-0159555						Applied For		
Zip	, ,	Country	Zip	Zip Count			ry 5. Certi			Certificate of Status Desired					
6. Name and Address of Current Registered Agent											f New Registered Agent				
WEAVED POMALD						Name					i				
WEAVER, RONALD 1520 ROYAL PALM SQUARE BLVD.					Street Address (P.O. Box Number is No					s Not Acc	eptable	e)			
SUITE 30		WOARE BLVD.	-						1						
FORT MYERS FL 33919						City							<u> </u>		
						•						Fl		:	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE															
Afte Make Chec					Trust F	on Campa Fund Con	itributio	n. [∟ Adde	00 May Be d to Fees					
TITLE	DV	OFFICERS AND I	DIRECTORS		11.		T					ICERS AND	DIRECTOR	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	SCHMITT, I 1520 ROYA FORT MYE	eugene C. Nl Palm sq blvd sui Rs fl	TE 300	☐ Delete	NAME STREET	FADDRESS ST-ZIP	1520 FORT		_	evin m Si s Fi		440 3919	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT MYE	il palm sq blvd suf	TE 300	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	DV WILL 1520 FORT	ROYI MY	S KE AL PA VERS	WIN UMS FL	Q 6	3LVD 9/9	☐ Change	Addition 300	
NAME STREET ADDRESS CITY-ST-ZIP	FORT MYE	enneth L Palm sq blvd suit RS FL 33919	E 300	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	D SCHO 1520 FORT	ROYA M	L PA YERS	im S	5Q 6	3LVO 339.		Addition	
	D SUMMERS, 5185 CASTI NAPLES FL	ello dr		☐ Delete	TITLE NAME STREET CITY-S	address T-zip							☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP		•	<i>j</i> <u>.</u>			,	Change .	☐ Addition	

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:

Daytime Phone #