

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90141 024 ***158.75

DOCUMENT # M89041

1. Entity Name

ARTERBURY ARCHITECTS, INC.

Principal Place of Business

Mailing Address

2400 SAND LAKE RD
 1537
 LONGWOOD FL 32779
 US

2400 SAND LAKE RD
 1537
 LONGWOOD FL 32779-5811
 US

00040727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2897431

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARTERBURY CORNELL
670 YOUNGSTOWN PARKWAY #280
ALTAMONTE SPRINGS FL 32714

Name

ARTERBURY, CORNELL

Street Address (P.O. Box Number is Not Acceptable)

1307 Chessington Circle

City

Heathrow

FL

Zip Code

32746

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

Brnell Arterbury

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, 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	DVP	<input type="checkbox"/> Delete
NAME	ARTERBURY, CORDELL	
STREET ADDRESS	2400 SAND LAKE RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ARTERBURY, MAUREEN	
STREET ADDRESS	2400 SAND LAKE RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARTERBURY, CORNELL	
STREET ADDRESS	670 YOUNGSTOWN PKWY #280	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Maureen H. Arterbury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAUREEN H. ARTERBURY

(407)

3-15-00

Date

774-2233

Daytime Phone #

FILED