

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91287 032 \*\*\*158.75

**A0067719**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P00000012560**

1. Entity Name

**IT ARCHITECTS, Inc.**

**4532 W. KENNEDY BLVD, SUITE 346  
TAMPA, FLORIDA 33609**

Principal Place of Business

**11250 OLD ST. AUGUSTINE ROAD**

**SUITE 15-128**

**JACKSONVILLE, FL 32257**

Mailing Address

**SAME AS  
PRINCIPAL  
PLACE OF  
BUSINESS**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3624876**

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

**GREGORY T. PAGE**

**11250 OLD ST. AUGUSTINE RD**

**SUITE 15-128**

**JACKSONVILLE, FL 32257**

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

*Gregory T. Page*

**GREGORY T. PAGE**

**4-23-2001**

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 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 **P** **PRESIDENT** ☐ Delete

NAME **GREGORY T. PAGE**  
STREET ADDRESS **4532 W. KENNEDY BLVD, SUITE 346**  
CITY-ST-ZIP **TAMPA, FL 32257**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE **P** **PRESIDENT** ☒ Change ☐ Addition

NAME **GREGORY T. PAGE**  
STREET ADDRESS **11250 OLD ST. AUGUSTINE RD, SUITE 15-128**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **VP** ☐ Change ☒ Addition

NAME **ALFRED AMEDZOGBENU ADJAHOE**  
STREET ADDRESS **5670 BAXTER LAKE DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **VP** ☐ Change ☒ Addition

NAME **TREZ BROWN**  
STREET ADDRESS **3400 STRATFORD RD, # 1112**  
CITY-ST-ZIP **ATLANTA, GA 30326**

TITLE **VP** ☐ Change ☒ Addition

NAME **VIOLA BURKS-ADJAHOE**  
STREET ADDRESS **5670 BAXTER LAKE DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Gregory T. Page*

**GREGORY T. PAGE**

**4-23-2001**

**678-485-0499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)