

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90338 039 ***158.75

DOCUMENT # ~~P0000000~~ 12560

1. Entity Name

IT ARCHITECTS, INC.

DO NOT WRITE IN THIS SPACE

B0053662

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2. Principal Place of Business

5079 OLD DIXIE HWY

Suite, Apt. #, etc.

SUITE 303

3. Mailing Address

5079 OLD DIXIE HWY

Suite, Apt. #, etc.

SUITE 303

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

Zip

33334

Country

UNITED STATES

Zip

33334

Country

UNITED STATES

4. FEI Number

59-3624876

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GREGORY T. PAGE

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

5079 OLD DIXIE HWY #303

City

OAKLAND PARK

FL

Zip Code

33334

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-13-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GREGORY T. PAGE
5079 OLD DIXIE HWY, #303
OAKLAND PARK, FL 33334

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2002

Date

678-485-0499

Daytime Phone #

CR2E034B (12/01)