2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000054677

Title:

Name:

Address:

City-St-Zip:

STD

LAWSON, ALTON L

1130 ELIZABETH AVENUE

Entity Name: MESA ARCHITECTURE, INC.

(X) Delete

WEST PALM BEACH, FL 334016916

FILED Feb 05, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
1130 ELIZABETH AVENUE WEST PALM BEACH, FL 334016916				815 BISCAYNE DRIVE WEST PALM BEACH, FL	33401
Current Mailing Address:				New Mailing Address:	
1130 ELIZABETH AVENUE WEST PALM BEACH, FL 334016916				815 BISCAYNE DRIVE WEST PALM BEACH, FL 33401	
FEI Number:	65-1020728	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
ADAMS, CHARLES S 1130 ELIZABETH AVENUE WEST PALM BEACH, FL 334016916 US				LITTEN, JOHN W 815 BISCAYNE DRIVE WEST PALM BEACH, FL	33401 US
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: JOHN WILLIAM LITTEN				02/05/2003	
Electronic Signature of Registered Agent					Date
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LITTEN, JOHN W 1130 ELIZABETH			Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	ADAMS, CHARLE 1130 ELIZABETH			Title: () Name: Address: City-St-Zip:	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN WILLIAM LITTEN PD 02/05/2003

() Change () Addition