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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jun 24, 2003 8:00 am **Secretary of State** P00000065621 DOCUMENT # 06-24-2003 90011 013 ***550.00 ARCHITECTURE PLUS BY THE THE SEA, INC. Principal Place of Business Mailing Address 30140237 1747 E GULF BEACH DRIVE 1747 E GULF BEACH DRIVE ST GEORGE ISLAND FL 32328 ST GEORGE ISLAND FL 32328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3656478 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Burke, Larry R Street Address (P.O. Box Number is Not Acceptable) 1747 E GULF BEACH DRIVE ST GEORGE ISLAND FL 32328 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS'\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURKE, LARRY R NAME NAME STREET ADDRESS 1747 E GULF BEACH DRIVE STREET ADDRESS CITY-ST-ZIP ST GEORGE ISLAND FL 32328 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRES CITY ST ZIPE CITY ST'ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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 attach

SIGNATURE:

Affachment

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our CPA had some this	
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Hank you.	
	
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- Ck attached	
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