

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024626

1. Entity Name

JAMES DEMARS ARCHITECT AND ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

823 BERKELEY STREET

3. Mailing Address

823 BERKELEY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

U.S.

Zip

33487

Country

U.S.

4. FEI Number

65-1090558

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name JAMES DEMARS

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

823 BERKELEY STREET

City

BOCA RATON

FL

Zip Code

33487

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

James Demars

JAMES DEMARS

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

(NOTE: Registered Agent signature required when reinstating)

12/22/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT (D)</u> <u>JAMES DEMARS</u> <u>823 BERKELEY STREET</u> <u>BOCA RATON, FL 33487</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT (O)</u> <u>NORA DEMARS</u> <u>823 BERKELEY STREET</u> <u>BOCA RATON, FL 33487</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY (O)</u> <u>NORA DEMARS</u> <u>823 BERKELEY STREET</u> <u>BOCA RATON, FL 33487</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER (D)</u> <u>JAMES DEMARS</u> <u>823 BERKELEY STREET</u> <u>BOCA RATON, FL 33487</u>
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James Demars

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/02 (561) 988-9091

Date

Daytime Phone #

FILED

03 JAN 02 AM 8:42

STATE
TALLAHASSEE, FLORIDA

300009690453

12/26/02--01039--005 **150.00

2003 UBR

CR2E034B (12/01)