

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90210 015 ***150.00

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

DOCUMENT # P02000022355

1. Entity Name
FLORIDA ARCHITECTURAL MILLWORK, INC



Principal Place of Business
**930 FERN ST UNIT C
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**930 FERN ST UNIT C
ALTAMONTE SPRINGS, FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0010009

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

**KARAPIPERIS, PETROS
930 FERN ST UNIT C
ALTAMONTE SPRINGS, FL 32701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D/P
STREET ADDRESS		STREET ADDRESS	PETROS KARAPIPERIS
CITY-STATE-ZIP		CITY-STATE-ZIP	930 FERN ST UNIT C
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	ALTAMONTE SPRINGS, FL
STREET ADDRESS		STREET ADDRESS	32701
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Petros Karapiperis

PETROS KARAPIPERIS

Date

05-15-03

Daytime Phone #

407-339-8300

CR2E034 (10/02)

Attachment

90136535
P02000022355

May 15, 2003

Florida Dept of State
PO Box 1500
Tallahassee, FL 32302-1500

RE: Florida Architectural-Millwork, Inc.

Dear Sir or Madam:

Please find enclosed my Uniform Business Report for 2003 and my check for \$150.00 for the filing fee.

I apologize for being late in filing this as I was not aware until yesterday that it was required. I did not receive an original report from you and had my accountant get this copy from your website.

I am requesting a one time waiver of the penalty in this matter and assure you this will not happen again. Your consideration in this matter would be greatly appreciated.

Sincerely yours,


Petros Karapiperis, President