2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000044275

City-St-Zip:

Entity Name: BEHAVIOR ARCHITECTS, INC.

FILED Mar 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1525 WILBAR CIR WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** 1525 WILBAR CIR 1025 FOSTER ROAD WINTER PARK, FL 32789 SEBASTIAN, FL 32958 FEI Number: 41-2038510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, LEWIS W JR HAGEROTT, GAIL I 817 BEACHLAND BLVD 1025 FOSTER ROAD US US VERO BCH, FL 32963 SEBASTIAN, FL 32958 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: GAIL HAGEROTT 03/30/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition HAGEROTT, GAIL I Name: Name: 1025 FOSTER ROAD Address: Address: City-St-Zip: City-St-Zip: SEBASTIAN, FL 32958 US Title: () Delete Title: () Change (X) Addition TITUS, SHARI Name: Name: 1525 WILBAR CIRCLE Address Address: WINTER PARK, FL 32789 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition HAGEROTT, JON Name: Name: 1025 FOSTER ROAD Address Address: City-St-Zip: City-St-Zip: SEBASTIAN, FL 32958 Title: () Delete Title: () Change (X) Addition ROBINSON, WILLIAM Name: Name: Address: Address: 2080 GERONIMO TRAIL

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.

City-St-Zip:

MAITLAND, FL 32751 US

SIGNATURE: GAIL HAGEROTT T 03/30/2003