

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90165 050 ***550.00

DOCUMENT # P02000110692

1. Entity Name
PBV ARCHITECTURE, INC.



Principal Place of Business
425 NORTH LEE STREET
SUITE 100
JACKSONVILLE FL 32204

Mailing Address
425 NORTH LEE STREET
SUITE 100
JACKSONVILLE FL 32204

2. Principal Place of Business

208 N WASHINGTON ST.

Suite, Apt. #, etc.

SUITE A

City & State

JACKSONVILLE FL

Zip
32202

Country
US

3. Mailing Address

208 N WASHINGTON ST

Suite, Apt. #, etc.

SUITE A

City & State

JACKSONVILLE FL

Zip
32202

Country
US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

161633626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, TED
425 NORTH LEE STREET
SUITE 100
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

PAPPAS, TED

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

208 N WASHINGTON ST SUITE A

City

JACKSONVILLE

FL

Zip Code

32202

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 X Ted Pappas, PD

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

(NOTE: Registered Agent signature required when reinstating)

7/11/2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE PD
NAME PAPPAS, TED
STREET ADDRESS 425 NORTH LEE STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PAPPAS, TED
STREET ADDRESS 208 N WASHINGTON ST
CITY-ST-ZIP JACKSONVILLE FL 32202

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/2003

DATE

904 355 1939

Daytime Phone #

CR2E034 (4/03)