

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

FILED
May 07, 2004 8:00 am
Secretary of State

DOCUMENT # **P02000132803**

1. Entity Name

ARCHITECTURAL STRUCTURE, INC

05-07-2004 90134 030 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14521 19th Street

Suite, Apt. #, etc.

3. Mailing Address

14521 19th Street

Suite, Apt. #, etc.

54053471

DO NOT WRITE IN THIS SPACE

City & State

Dade City, FL

City & State

DADE CITY, FL

4. FEI Number

41-2077007

Applied For

Not Applicable

Zip

33523

Country

U.S.A.

Zip

33523

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PAMELA R MCKINNEY, CPA

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

10259 Nottingham Forest DR

City

BROOKSVILLE

FL

Zip Code

34601

**DO NOT WRITE
IN THIS SPACE**

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

Pamela R. McKinney, CPA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/04

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

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. ☐

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HERNANDEZ, XAVIER 14521 19th STREET DADE CITY, FL 33523	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (352) 427-8824

Date

Daytime Phone #