2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300000531 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name GRAVES + CARLOS, ARCHITECTS, ENGINEERS, P.A. 04-24-2000 90199 024 ***158.75 Principal Place of Business Mailing Address 121 E. GOVERNMENT STREET 121 E. GOVERNMENT STREET PENSACOLA FL 32501 PENSACOLA FL 32501-5801 US HS. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3155771 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEINT ODOM, KELLY Kievit, Kelly Odom Street Address (P.O. Box Number is Not Acceptable) 15 W MAIN STREET PENSCOLA FL 32501 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Defete TITLE TITLE GRAVES, WILLIAM E. NAME NAME 121 E. GOVERNMENT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Change Addition ☐ Delete TITLE TITLE CARLOS, DON F NAME NAME 121 E GOVERNMENT STREET STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP CITY-ST-ZIP George Larry Law 121 E. Government street Change Addition Delete TITLE TITLE TLEMSANI, HAMZA NAME NAME 121 E. GOVERNMENT STREET STREET ADDRESS STREET ADDRESS Pensacola, FL 32501 CITY-ST-ZIP PENSACOLA FL 32501 City-St-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition . Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ior 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 separate report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if hereby certify that the informatindicated on this report or supp of the corporation or the rece

ess, with all other like empowered

changed.

SIGNATUR