

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90197 005 \*\*\*158.75

00046230



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P93000045513**

1. Entity Name  
**AKIN AND ASSOCIATES ARCHITECTS, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>2603 W. THARPE STREET, UNIT A<br>TALLAHASSEE FL 32303 | Mailing Address<br>2603 W. THARPE STREET, UNIT A<br>TALLAHASSEE FL 32303-8634 |
|--|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

4. FEI Number **58-2033267**

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired -  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AKINYEMI, AKIN S**  
**2603 W. THARPE STREET, UNIT D**  
**TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 |                                      | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>AKINYEMI, AKIN S</b>              | NAME  |   |
| STREET ADDRESS             | <b>2603 W. THARPE STREET, UNIT D</b> | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL 32303</b>          | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GALICIA-AKINYEMI, ELVIRA</b>      | NAME  |   |
| STREET ADDRESS             | <b>2603 W. THARPE STREET, UNIT D</b> | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL 32303</b>          | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COLLINS, MICHAEL N.</b>           | NAME  |   |
| STREET ADDRESS             | <b>1626 CUMBERLAND CLUB ROAD</b>     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MARIETTA GA</b>                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | NAME  |   |
| STREET ADDRESS             |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | NAME  |   |
| STREET ADDRESS             |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                      | CITY-ST-ZIP   |   |

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

SIGNATURE: *Elvira Galicia Akinyemi* **ELVIRA Galicia Akinyemi** 4/23/00 385-2546  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)