2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # P93000045513 **Secretary of State** 1. Entity Name AKIN AND ASSOCIATES ARCHITECTS, INC. 03-08-2001 90028 010 ***158.75 Mailing Address Principal Place of Business 2603 W. THARPE STREET, SUITE A 2003 W. Tharpe Street, Suite A TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 817246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 58-2033267 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 AKINYEMI, AKIN S Street Address (P.O. Box Number is Not Acceptable) 3286 LILBURN CT. TALLAHASSEE FL 32312 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 N/A? SIGNATURE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State CTORS IN 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICE 11. 12. (10/00)SDOO ok as is ☐ Delete TITLE PRESIDEN Change TITLE NAME **YKINYEM** NAME akinyemi. Akin s 3286 LILBURN CT. STREET ADDRESS STREET ADDRESS C/TY-SI-708 CITY-ST-ZIP TALLAHASSEE FL 32312 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Спалда ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ∽ .mr F. Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TATLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.



poc#p93000045513

RECEIVED FEB 2 8 2001

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

February 15, 2001

AKIN AND ASSOCIATES ARCHITECTS, INC. 2603 W. THARPE STREET, SUITE A TALLAHASSEE, FL 32303

Subject: AKIN AND ASSOCIATES ARCHITECTS, INC.

Reference———P93000045513— Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs ANNUAL REPORTS SECTION