FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91362 002 ***150.00

DOCUMENT # P94000032193

1. Entity Name
Archibald Bros. Int'l. Inc

DO NOT WRITE IN THIS SPACE

2. 126 N. Woodland Blvd
Suite, Apt. #, etc. Suite B
City & State DeLand, FL
Zip 32720 Country USA

3. Mailing Address 126 N. Woodland Blvd
Suite, Apt. #, etc. same.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3275430 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Eric R. Miller
Street Address (P.O. Box Number is Not Acceptable) Same as above
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. I am familiar with, and accept the obligations [illegible] tered agent.

SIGNATURE _____ DATE
Signature, by [illegible] printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Eric R. Miller Pres/CEO 126 N. Woodland Blvd Suite B DeLand, FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William Brown - Treasurer 126 N. Woodland Blvd. Suite B DeLand, FL 32720
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Judy Brown - Controller 4/23/03 386-822-4000 x230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #