

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035772

1. Entity Name

ARCHITECTURAL CONCEPTS OF ORLANDO INC

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90104 020 ***150.00

Principal Place of Business

6320 EDGE O GROVE CIRCLE
ORLANDO FL 32819

Mailing Address

6320 EDGE O GROVE CIRCLE
ORLANDO FL 32819-4160

2. Principal Place of Business

4873 QUIET OAK LANE

Suite, Apt. #, etc

3. Mailing Address

4873 QUIET OAK LANE

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3225155

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'TOOLE, BRIAN
6320 EDGE O GROVE CIRCLE
ORLANDO FL 32819

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

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

(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

TITLE VP ☐ Delete
NAME O'TOOLE, S ANDRA
STREET ADDRESS 6320 EDGE O GROVE CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE P ☐ Delete
NAME O'TOOLE, BRIAN
STREET ADDRESS 6320 EDGE O GROVE CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Brian O'Toole (BRIAN O'TOOLE)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

407 822 0002

Daytime Phone #

CR2E034 (9/99)