

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90762 050 ***150.00

0441588 AV

DOCUMENT # P95000019763

1. Entity Name
ARCHITECTURAL TECHNOLOGY & DESIGN, INC.



Principal Place of Business
**5540 CYRIL DRIVE
DADE CITY FL 33523
US**

Mailing Address
**5540 CYRIL DRIVE
DADE CITY FL 33523
US**

2. Principal Place of Business

3416 KING GEORGE LN.
Suite, Apt. #, etc.

3. Mailing Address

3416 KING GEORGE LN.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
SEFFNER FLA.

City & State
SEFFNER FLA.

4. FEI Number **59-3317054**

Applied For
☐ Not Applicable

Zip **33584** Country **HILLSBOURGH**

Zip **33584** Country **HILLSBOURGH**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHLOTTERLEIN, FRED W
5540 CYRIL DRIVE
DADE CITY FL 33523**

Name **SCHLOTTERLEIN FRED W.**

Street Address (P.O. Box Number is Not Acceptable)

3416 KING GEORGE LN.

City **SEFFNER FLA.** FL Zip Code **33584**

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 of registered agent.

SIGNATURE *Fred Schlotterlein*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-11-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHLOTTERLEIN, FRED W	
STREET ADDRESS	5540 CYRIL DRIVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHLOTTERLEIN, LUCY	
STREET ADDRESS	5540 CYRIL DRIVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOTTERLEIN FRED W.	
STREET ADDRESS	3416 KING GEORGE LN	
CITY-ST-ZIP	SEFFNER, FLA.	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOTTERLEIN LUCY	
STREET ADDRESS	3416 KING GEORGE LN	
CITY-ST-ZIP	SEFFNER, FLA.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred Schlotterlein **FRED SCHLOTTERLEIN 4-11-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-651-3014

CR2E034 (10/02)