2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P95000050978 ARCHITECTURAL COMPOSITES, INC. 04-26-2001 90306 028 ***150.00 Principal Place of Business Mailing Address P. O. BOX 475 N/A 1528 BIG BASS DRIVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34688 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3332987 City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFFERS, WILLIAM P. Street Address (P.O. Box Number is Not Acceptable) 1528 BIG BASS DRIVE TARPON SPRINGS FL 34689 Zip Code City 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's gnature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOWIII FHE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change Addition Delete TITLE TIT1 F JEFFERS, WILLIAM P NAME 1528 BIG BASS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP TARPON SPRINGS FL 34689 Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLS ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 0.11Y-S1-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 of 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 13. I hereby certify that the infor

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with an address, with all other like empowered

YPED OR PRINTED NAME