

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050982

1. Entity Name
FORUM ARCHITECTURE & INTERIOR DESIGN, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90298 047 ***150.00

Principal Place of Business Mailing Address
745 ORIENTA AVENUE STE 1121 745 ORIENTA AVENUE STE 1121
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701-5676

900854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-3335698** Applied For
Not Applicable

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

BLACK, JAMES B
745 ORIENTA AVENUE STE 1121
ALTAMONTE SPRINGS FL 32701

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	BLACK, JAMES B
STREET ADDRESS	745 ORIENTA AVENUE STE 1121
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	D <input type="checkbox"/> Delete
NAME	STOEHR, R. N
STREET ADDRESS	745 ORIENTA AVENUE STE 1121
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James B Black* Date: _____ Daytime Phone #: **407-830-1400**

CR2E034 (9/99)