

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019767

1. Entity Name

THE ARCHITECTURE COMPANY AND ASSOCIATES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90075 022 ***150.00

Principal Place of Business

Mailing Address

220 FREEMAN STREET
LONGWOOD FL 32750
US

220 FREEMAN STREET
LONGWOOD FL 32750
US

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 59-3368001

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

CAVANAUGH, MICHAEL D
825 WOODGATE TRAIL
LONGWOOD FL 32750

Name CAVANAUGH, MICHAEL D

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

220 FREEMAN STREET

City LONGWOOD

FL

Zip Code 32750

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

Jan. 15, 2001

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, 2001 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 P
NAME CAVANAUGH, MICHAEL D
STREET ADDRESS 220 FREEMAN STREET
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. CAVANAUGH

1/15/01

Daytime Phone #

407-332-8299

CR2E034 (10/00)