

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90143 002 ***150.00

DOCUMENT # P96000084566

1. Entity Name
ARCHERS B & B, INC.

Principal Place of Business

**7040 LAKE ELLENOR DRIVE
 STE 125
 ORLANDO FL 32809**

Mailing Address

**7040 LAKE ELLENOR DRIVE
 STE 125
 ORLANDO FL 32809**

2. Principal Place of Business

6220 S. ORANGE BLOSSOM TR.

3. Mailing Address

6220 S. ORANGE BLOSSOM TR.

Suite/Apt. #, etc.

175

Suite/Apt. #, etc.

175

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3404916

Applied For

☐ Not Applicable

Zip

32809

Country

U.S.A

Zip

32809

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANES JR, ERALDO

7040 LAKE ELLENOR DRIVE

STE #125

ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

MANES JR, ERALDO

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

6220 S. Orange Blossom Trail STE 175

City **Orlando**

FL

Zip Code **32809**

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)

3-12-02

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, 2002 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 **D** ☐ Delete
 NAME **PATAT, ILVO**
 STREET ADDRESS **7040 LAKE ELLENOR DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **STD** ☐ Delete
 NAME **MANES, MAIDA B**
 STREET ADDRESS **7040 LAKE ELLENOR DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **PD** ☐ Delete
 NAME **MANES, ERALDO JR**
 STREET ADDRESS **7040 LAKE ELLENOR DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☐ Delete
 NAME **DE SOUZA, PAULO S**
 STREET ADDRESS **7040 LAKE ELLENOR DR**
 CITY-ST-ZIP **ORLANDO FL 32809**

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 **6220 S. Orange Blossom Trail STE 175**
 CITY-ST-ZIP **Orlando, FL 32809**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 407-855-9541

Date

Daytime Phone #

CR2E034 (9/01)