

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101573

1. Entity Name

MY ARCHITECT, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90077 021 ***150.00

Principal Place of Business

Mailing Address

870 97TH AVE., NORTH
 NAPLES FL 34108
 US

5125 CASTELLO DRIVE
 NAPLES FL 34108-2285

2. Principal Place of Business

3. Mailing Address

870 97TH AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 NAPLES

4. FEI Number

59-3418562

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, VAN A
 870 97TH AVENUE NORTH
 NAPLES FL 34108

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D PRESIDENT, SECRETARY, DIRECTOR	MILLER, VAN AUKEN	5125 CASTELLO DRIVE	NAPLES FL 34108	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	FELICIANO, JENNY R	5125 CASTELLO DRIVE	NAPLES FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	YOUNG, ERIK	5125 CASTELLO DRIVE	NAPLES FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT, SECRETARY, DIRECTOR	MILLER, VAN AUKEN	870 97TH AVENUE NORTH	NAPLES FL 34108	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILLER PRESIDENT 1/31/2000 991 5934433

Date

Daytime Phone #

CR2E034 (9/99)