

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 15, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000101573

1. Entity Name
 MY ARCHITECT, INC.

Principal Place of Business
 10001 TAMIAMI TRAIL N.
 SUITE 118
 NAPLES FL 34108 US

Mailing Address
 870 97TH AVE NORTH
 NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address
 10001 TAMIAMI TRAIL N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 SUITE 188

City & State

City & State
 NAPLES FL

Zip

Country

Zip
 34108

Country
 US

4. FEI Number
59-3418562

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER VAN A
 10001 TAMIAMI TRAIL, NORTH #118
 NAPLES FL 34108 US

7. Name and Address of New Registered Agent

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.

01/15/2001
DATE

(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, 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 PSD Delete
 NAME VAN AVKEN MILLER
 STREET ADDRESS 870 97TH AVE NORTH
 CITY-ST-ZIP NAPLES FL 34108

TITLE PSD Change Addition
 NAME MILLER VAN APRES.
 STREET ADDRESS 10001 TAMIAMI TRAIL N. SUITE 118
 CITY-ST-ZIP NAPLES FL 34108

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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: VAN AUKEN MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 01/15/2001
Date

Daytime Phone #

CR2E034 (1/1/00)