## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P97000021362

**DOCUMENT#** 1. Entity Name

BANOV ARCHITECTURE AND CONSTRUCTION, INC. &



FILED May 01, 2003 8:00 am

Secretary of State
05-01-2003 90359 010 ***150.00

Principal Place of Business Po Box 7688 Septimization Principal Place of Business US Principa										
US  2. Principal Pace of Business  3. Maing Address  Suita, Agt. etc.  C	2855 OCEAN DR -26-		PO BOX 3628 SUITS 301			I INDESIGNATION IN THE INDIVIDUAL CONTINUED IN	<b>88</b> 811 <b>88</b> 48 18 <b>8</b>	<b>8</b> 1 14188 1118	<b>8</b> 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
Suite, Act   etc.		12 3233								
Cry & State   City & State   City & State   A. FEI Number   65-0734265   Applied for   Note Applied for   No	2. Principal P	lace of Business						<b>a</b> a qa <b>ata</b> aada	D11116 1101 1001	
City & State  City & State  Country  Zip  Country  Zip  Country  Signature  6. Name and Address of Current Registered Agent  Name  Reported  7. Name and Address of New Registered Agent  Name  Street Address (Po. Box Number is Not Acceptable)  Street Address (Po			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
BANOV, ROBERT BANOV ROBERT SUITE No.			City & State			4. FEI Number 65-0734265		<del></del>	<del></del>	
BANOV, ROBERT 2855 OCEAN DR SUITE 4-8 VERO BEACH FL 32983  City  City  FL  Zip Color  Addition  Addition  Addition  Addition  City  FL  Zip Color  Addition  Addition  City	Zip Country		Zip Country		У_	5. Certificate of Status Desired				
BANOV, ROBERT 2855 OCEAN DR SUITE GR  VERO BEACH FL 32963  City  FL  City  F		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
Served Address (P.C.) Box Number is Not Acceptable)    City   FL   Zip Code				į	Name					
City   FL   Zip Code	-			ļ	Street Address	(P.O. Box Number is Not Acceptable)				
B. The abbre names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature, typed or protein agent and tall it highlocable.   INOTE Registered Agent scyndore requisitered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I agent accepts the obligations of registered agent, or both, in the State of Forde. I agent accepts the obligations of registered agent, or both, in the State of Forde. I agent accepts the obligations of registered agent, or both, in the State of Forder agent, and accept the accepts the product of the product accepts the product of	SUITE 😪 (	3								
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Farm familiar with, and accept the obligations of registered agent.    Signature				-	City		FL	Zip Code	e	
FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$55.00 May Ba Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-2P  TITLE BANOV, ROBERT STREET ADDRESS CITY-ST-2P  TITLE NAME STREE	8. The above		r the purpose of changing its	registered	d office or registe	red agent, or both, in the State of Flori	da. I am far	niliar with,	and accept	
After May 1, 2003 Fee will be \$\$50.00 May Be Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered	Agent signature require	d when reinstating)	DATE			
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19. Thereby certify that the information cumuliad with this filling does not explify for the examption stated in Section 110 07(2)(i). Elevido Statutos, I further certify that the information —		and the state of t	ALCO EII and an an area					. 41		

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 10 or Block 11 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

CR2E034 (10/02)