

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90027 025 ***150.00

DOCUMENT # P98000001691

1. Entity Name
ARCHITECTURAL STUDIO, INC.

| | |
|--|---|
| Principal Place of Business 551 NW 77 STREET SUITE 202 BOCA RATON FL 33487 | Mailing Address 551 NW 77 STREET SUITE 202 BOCA RATON FL 33487-1330 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 2400 HIGH RIDGE RD SUITE, Apt. #, etc. SUITE 100 | 3. Mailing Address 2400 HIGH RIDGE RD SUITE, Apt. #, etc. SUITE 100 |
| City & State BOYNTON BEACH FL | City & State BOYNTON BEACH FL |
| Zip 33426 | Country USA |

| | |
|---|--|
| 4. FEI Number 65-0807938 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**DISHER, SCOTT B
 551 NW 77 STREET
 SUITE 202
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2400 HIGH RIDGE ROAD, SUITE 100
 City
BOYNTON BEACH FL Zip Code
33426

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 SCOTT B. DISHER DATE 4-25-00
Signature, typed or printed name of registered agent and title if applicable. (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, 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DISHER, SCOTT B 551 NW 77 ST, STE 202 BOCA RATON FL 33487 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CAPONIGRO, CHRISTOPHER 551 NW 77 ST, STE 202 BOCA RATON FL 33487 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CONSTANTINO, TARNOWSKI 551 NW 77 STREET BOCA RATON FL 33487 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LESLAW, CZACZKY 551 NW 77 STREET BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 HIGH RIDGE ROAD, SUITE 100 BOYNTON BEACH FL 33426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 HIGH RIDGE ROAD, SUITE 100 BOYNTON BEACH FL 33426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 HIGH RIDGE ROAD, SUITE 100 BOYNTON BEACH FL 33426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: SCOTT B. DISHER, PRESIDENT DATE 4-25-00 (361) 733-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)