2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # P98000010287 1. Entity Name 04-17-2002 90037 025 ***150 ARCHITRAVE DESIGN & DRAFTING, INC. Principal Place of Business Mailing Address 12600 S. BELCHER RD 12600 S. BELCHER RD 101G 101G **LARGO FL 33773** LARGO FL 33773 us 2. Principal Place of Business 3. Mailing Address 9140 AKESVATH DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3493077 -A12 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7._Name and Address of New Registered Agent Name MORAN. ELLEN P Street A 12228 93 STREET NORTH **LARGO FL 33773** 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, typed or print 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) TITLE M Change ☐ Addition NAME PUCILLO, JAMES J NAME 9140 JAKES PATH STREET ADDRESS 7501 ULMERTON RD #2222 STREET ADDRESS LARGO FL 3377 CITY-ST-ZIP **LARGO FL 33773** CITY-ST-ZIP TITLE □ Defete TITLE ☐ Addition ☐ Change NAME HAHN, TIMOTHY J NAME STREET ADDRESS 4930 72 STREET E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED