

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019478

1. Entity Name

WOOLBRIGHT ARCHITECTURAL GROUP, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90034 003 \*\*\*150.00

Principal Place of Business

Mailing Address

4800 N. FEDERAL HWY., SUITE 108-D  
 BOCA RATON FL 33431

4800 N. FEDERAL HWY., SUITE 108-D  
 BOCA RATON FL 33431-5178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0840850**

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

7. Name and Address of New Registered Agent

STILLER, DUANE J  
 209 PHIPPS PLAZA  
 PALM BEACH FL 33480

Name **DUANE J. Stiller**

Street Address (P.O. Box Number is Not Acceptable)

**4800 N. Federal Hwy  
 Suite D-108**

City **BOCA RATON**

**FL**

Zip Code **33431**

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

**DUANE J. Stiller, Pres.**

**4/16/00**

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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	STILLER, DUANE J	
STREET ADDRESS	209 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DST	<input type="checkbox"/> Delete
NAME	STILLER, DALIA	
STREET ADDRESS	209 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PAINE, JAMES C JR	
STREET ADDRESS	209 PHIPPS PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**DUANE J. Stiller Pres 4/16/00**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 19/99