

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90101 001 ****8.75
 05-11-2000 90101 002 ***150.00

- 13437

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000042348
 1. Entity Name
SAMUEL OLMEDO, ARCHITECT INC.

Principal Place of Business Mailing Address
 211 San Gabriel Street
 Panama City Beach, FL 32413 same

2. Principal Place of Business 3. Mailing Address
 114 Rochester Loop P.O. Box 135305
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Davenport, FL Clermont, FL
 Zip Country Zip Country
 33837 USA 34713-5305 USA

4. FEI Number Applied For
 59-3521037 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Samuel Olmedo
 114 Rochester Loop
 Davenport, FL 33837

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: *Samuel Olmedo* DATE: 4/26/2000
(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	PTD	<input type="checkbox"/> Delete
NAME	Samuel Olmedo	
STREET ADDRESS	114 Rochester Loop	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	Dana Olmedo	
STREET ADDRESS	114 Rochester Loop	
CITY-ST-ZIP	Davenport, FL 33837	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Samuel Olmedo* DATE: 4/26/2000 DAYTIME PHONE #: (863) 424-0827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)