FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90041 034 ***150.00

DOCUMENT # P98000051471

1. Entity Name: Schweizer-Waldroff Architects, Inc.

DO NOT WRITE IN THIS SPACE

54009767

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
137 Canal St Suite, Apt. #, etc.	137 Canal St Suite, Apt. #, etc.
City & State: New Smyrna Beach, FL	City & State: New Smyrna Beach, FL
Zip: 32168 Country: USA	Zip: 32168 Country: USA

4. FEI Number: 59-3513208 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C. Kevin Schweizer

Street Address (P.O. Box Number is Not Acceptable): 137 Canal St

City: New Smyrna Beach FL Zip Code: 32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: C Schweizer
Signature, type or printed name of registered agent and title if applicable — (Florida Registered Agent's signature required when reinstating) — DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Scott D. Waldroff, VP 6242 Engram Rd New Smyrna Beach, FL 32169	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Kevin Schweizer 880 Catfish Ave New Smyrna Beach, FL 32169	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Scott D. Waldroff — 2/19/04 — 386-426-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #