

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054693

1. Entity Name

ARCHITECTURAL SUPPORT SERVICES, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90101 011 ***150.00

Principal Place of Business

Mailing Address

364 ORANGE DR.
 PORT CHARLOTTE FL 33952

364 ORANGE DR.
 PORT CHARLOTTE FL 33982-9604

2. Principal Place of Business

5243 Blackjack Cir
 Suite, Apt. #, etc.

3. Mailing Address

5243 Blackjack Cir
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

4. FEI Number

65-0845632

Applied For

Not Applicable

Zip

Country

33982 Charlotte

Zip

Country

33982 Charlotte

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABER, IAN
 364 ORANGE DR.
 PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

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

5243 Blackjack Circle

City

Punta Gorda

FL

Zip Code

33982

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	CAMPBELL, KEVIN	3400 DELILAH DR.	CAPE CORAL FL 33993	<input type="checkbox"/>
D	FABER, IAN	364 ORANGE DR.	PORT CHARLOTTE FL 33952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5243 Blackjack Circle	Punta Gorda, FL 33982	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

IAN FABER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

(941) 565-7724

Daytime Phone #

CR2E034 (9/99)