

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90043 048 ***150.00

DOCUMENT # P98000061884

1. Entity Name

ROBERT G. HOWARD ARCHITECT, INC.

Principal Place of Business

Mailing Address

602 INDIAN RIVER BLVD
SUITE 202
EDGEWATER FL 32141

602 INDIAN RIVER BLVD
SUITE 202
EDGEWATER FL 32132-3500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0852950

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTE-JARVIS, SHERRY M
602 INDIAN RIVER BLVD
SUITE 202
EDGEWATER FL 32141

Name
Sherry Cote-Jarvis, Esq.

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

602 Indian River Blvd

SUITE 201

City
Edgewater

FL

Zip Code
32141

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

3/1/00

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 PD
NAME HOWARD, ROBERT G
STREET ADDRESS 602 INDIAN RIVER BLVD, STE 202
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME ALOISE, JOAN
STREET ADDRESS 602 INDIAN RIVER BLVD, STE 202
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MATHEWS, HOWARD R
STREET ADDRESS 306 N RIVERSIDE DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00

CR2E034 (9/99)