

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074059

1. Entity Name

ARCHITECTURE GROUP, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90086 037 \*\*\*150.00

Principal Place of Business

1665 SE 10TH STREET #202  
DEERFIELD BEACH FL

Mailing Address

1665 SE 10TH STREET #202  
DEERFIELD BEACH FL 33441-7161

2. Principal Place of Business

PHILLIP H. ST. LOUIS

3. Mailing Address

4701 N. FED Hwy.

Suite, Apt. #, etc.

Suite

Suite, Apt. #, etc.

Suite 319, A-12

City & State

City & State

Light house Point,

Zip

Country

Zip

33064

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0868856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, T N JR  
980 N FEDERAL HIGHWAY  
SUITE 410  
BOCA RATON FL 33432

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

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

5.15.00

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 **D** ☒ Delete  
NAME **ST. LOUIS, PHILLIP H**  
STREET ADDRESS **665 SE 10TH STREET #202**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **ST. LOUIS PHILLIP H** ☐ Delete  
NAME **4701 N. FED Hwy Suite 319, A-12**  
STREET ADDRESS **Light house Point, FL 33064**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)