

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90078 003 ***150.00

0616783

DOCUMENT # P98000074059

1. Entity Name
ARCHITECTURE GROUP, INC.

Principal Place of Business

**PHILLIP H ST LOUIS
1665 SE 10TH ST #202
DEERFIELD BEACH FL 33441**

Mailing Address

**4701 N FED HWY
SUITE 319, A-12
LIGHTHOUSE POINT FL 33064
US**

00006048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4701 N. FED Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite 319, A-12

City & State

Lighthouse Point, FL

City & State

Zip

33064

Country

USA

Zip

Country

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/01

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, 2001 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 **4701 N FED HWY SUITE 319 A-12**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
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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

1/9/01 (954) 946-6710

Date

Daytime Phone #

CR2E034 (10/00)