2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082910

DAVID N. MOULTON, ARCHITECT, P.A.

Aug 16, 2000 8:00 am Secretary of State 08-16-2000 90001 038 ***550.00

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Principal Place of Business Mailing Address									
Highway A-1-A FL 32963	4861 NORTH HIGHWAY A-1-A VERO BEACH FL 32963			AUUTAJOJ					
Principal Place of Business 3. Mailing Address									
#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
e		City & State			4. FEI Number	59-354376	 R	Ар	plied For
Zip Country		Zip Coi		try			¢o.		t Applicable
	cistored Apont		5. Certificate of Status Desired Fee Required						
b. Name and Add	ress of Current He	gistered Agent		Name	7. Name and Ac	Idless Of New A	agistered Agei	<u></u>	
MOULTON, DAVID N 4861 NORTH HIGHWAY A-1-A				Street Address (P.O. Box Number is Not Acceptable)					
O BEACH FL 3296	3			City				Zip Code	
				····			<u> </u>		<u></u>
Signature, typed or printed na oration is eligible to saf equirement and elects	Mourton me of registered agent and dissipation of the state of the sta	itte if applicable. FILE NOW! After SEPTEMBER 1	Registered	IS \$550.00 Min. will be \$75	10. Election				O May Be to Fees
		<u>-</u>	-	partment of St		JANIGES TO OFFI	CERS AND DIS	FCTORS	: INI 11
D MOULTON, DAVI 4861 NORTH HIG	D N GHWAY A-1-A	☐ Delete	TITLE NAMI STRE	ET ADDRESS	ABBITIONS/CI	INNES TO OTT			Addition
VENO BENOTTE	GEORG	☐ Delete	NAMI STRE	ET ADDRESS				Change	Addition
	,=	☐ Delete	NAMI STREE	ET ADDRESS				Change	☐ Addition
		☐ Delete	NAME STREE	ET ADDRESS		,		Change	Addition
		☐ Delete	NAMI STRE	ET ADDRESS				Change	Addition
		☐ Delete	NAME STREE	:				Change	☐ Addition
	IGHWAY A-1-A FL 32963 Place of Business #, etc. 6. Name and Add JLTON, DAVID N I NORTH HIGHWAY O BEACH FL 32963 named entity submits Signature, typed or printed na equirement and elects ia on back) D MOULTON, DAVII 4861 NORTH HIG	IGHWAY A-1-A FL 32963 Iface of Business #, etc. Country 6. Name and Address of Current Republic Country NORTH HIGHWAY A-1-A O BEACH FL 32963 Inamed entity submits this statement for the Country Signature, typed or printed name of registered agent and the country country is eligible to satisfy its Intangible equirement and elects to do so. is on back) OFFICERS AND DIF	# etc. Suite, Apt. #, etc.	# A Set NORTH HIGHWAY A-1-A VERO BEACH FL 32963 # A sec of Business # A set of Business #	## Ref. 32983 ##	# etc. Suite, Apt. #, etc. Country	A U U It acc of Business 3. Mailing Address #, etc. City 3. State Country Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City To North HiGHWAY A-1-A O BEACH FL 32983 City Target or printed memory injurgency opens to be After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Delete Title NAME STREET ADDRESS CITY-51-2P Delete Title NAME STREET	## HOUT A 1-A VERO BEACH R. 32803 ## efc. Suite, Apt. #, efc. Do NOT WRITE IN THIS SPAL ## efc. Suite, Apt. #, efc. Do NOT WRITE IN THIS SPAL ## efc. Suite, Apt. #, efc. Do NOT WRITE IN THIS SPAL ## efc. Suite, Apt. #, efc. Do NOT WRITE IN THIS SPAL ## EFINANDER SPASA3766 ## Country Zip Country S. Certificate of Status Desired ## Fee ## Encountry Zip Country S. Certificate of Status Desired ## Fee ## Encountry Zip Country S. Certificate of Status Desired ## Fee ## Encountry Sip State State Status Desired Status Desired Agent ## In North High-HWAY A-1-A ## In North High-HWAY A-1-A *# URN OFFICERS AND DIRECTORS 12	A COUNTY AND A Mailing Address South, Apt. #, etc. Cov. & State Country Do Not Writte in This Space A Fel Number Sp-3543766 Apr. Registered Agent Name North HighWay A-1-A D BEACH FL 32983 City FL Zip Code City FL

indicated on this report or suppliemental 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 REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #