

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089399

1. Entity Name

ARMIN-GALE DESIGN GROUP, INC.



03 OCT -3 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

233 Hunt Club Boulevard

Suite, Apt. #, etc.

(NEW ADDRESS)

City & State

Longwood, Florida

Zip

32779

Country

United States

3. Mailing Address

233 Hunt Club Boulevard

Suite, Apt. #, etc.

City & State

Longwood, Florida

Zip

32779

Country

United States

REINSTATEMENT 2003
DO NOT WRITE IN THIS SPACE

4. FEI Number

593545446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Capital Connection, Inc..

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

417 E. Virginia Street

Suite 1

City

Tallahassee

FL

Zip Code

32301-1283

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Leilani White

10/2/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	Schleiffarth, Catherine	NAME	
STREET ADDRESS	233 Hunt Club Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL 32779	CITY-ST-ZIP	
TITLE	P, VP, T	TITLE	
NAME	Schleiffarth, Catherine	NAME	
STREET ADDRESS	233 Hunt Club Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL 32779	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	David Brown	NAME	
STREET ADDRESS	624 Macarthur Drive	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32839	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/03 407-8697328

Date

Daytime Phone #

CR2E034B (12/02)