## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P99000025786 DOCUMENT #

1. Entity Name

AMSPACHER & AMSPACHER ARCHITECTS, P.A.



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90170 044 \*\*\*150.00

| PENSACOLA FL 3203  Since App. #, etc.  2. Fincepair Place of Business Suite. App. #, etc.  2. Fincepair Place of Business Suite. App. #, etc.  City & State  AMSPACHER, WILLIAM H 2003 N 9TH AVE  PENSACOLA FL 32503  City   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | TEN & MINON NOTICE AND                  |                     | O, F.A.             | 18                |  |            |                                       |             |                  |             |
|--|---|---|---------------------|---------------------|-------------------|--|------------|---------------------------------------|-------------|------------------|-------------|
| Surio. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.   | 2003 N 9TH AVE .                        |   | 2003 N 9TH AVE      |                     |                   |  | •          |                                       |             |                  |             |
| Surio. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.   |   | ··                                      | -                   | er tr               |                   |  |            |                                       |             |                  |             |
| City & State  Southly  South   | 2. Principal Place of Business          |   | 3. Mailing Address  |                     |                   | 1  |            |                                       |             |                  |             |
| 2p Country 7/10 Country 59-3562804 Nor Applicable Not Acceptable Set 75 Addition Page 1 Addition Set 1 Addition   | Suite, Apt. #, etc.                     |   | Suite, Apt. #, etc. |                     |                   | CHECK HERE IF MAKING CHANGES                       |            |                                       |             |                  |             |
| B. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  City  FL  Zip Codu  6. The above named entry submits the statement for the purpose of changing. Its registered office or registered agent, or both, in the State of Florida. + an familiar with, and accept the chilipatons of registered agent, and see a spiticible.  RICH ROW/III FEE IS S150.00  After May 1, 2009 Fee will be \$550.00  After May 1, 2009 Fee will be \$550.00  Make Check Payable to Florida Department of State  19. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAY  AMASPACHER, WILLIAM H  3599 WE ANSHADER DO  GITH STORMEN  GITH ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAY  AND PREZE FL 32561  Deale  INCE  MAKE  SITERI ADDRESS  GITY-S1-2P  TILE  MAKE  MAKE  SITERI ADDRESS  GITY-S1-2P  TILE  MAKE  S   | City & State                            |   | City & State        |                     |                   |  | 5953562804 |                                       |             |                  |             |
| AMSPACHER, WILLIAM H 2003 N 9TH AVE PENSACOLA FL 32503  6. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lan' tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan' tamiliar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 2, 2003 Fee will be | Zip                                     | Country                                 | Zip                 |                     | Country           |  | 5. (       | Certificate of Status Desired         |             | Additional       | ٦           |
| AMSPACHER, WILLIAM H 2003 N 9TH AVE PENSACOLA FL 32503  City FL Zip Code  City FL Zi   |   | 6. Name and Address of Currer           | t Register          | ed Agent            | <u> </u>          | <u>.                                    </u>       | 7. N       | Name and Address of New Registe       |             | - quired         | ┥           |
| Street Address (PO. Box Number is Not Acceptable)    City  | 4140040                                 |   |                     |                     | N                 |  |            |                                       |             |                  |             |
| City   FL   Zip Code   |   |   | ·                   |                     |                   | Street Address (P.O. Box Number is Not Acceptable) |            |                                       |             |                  |             |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature To provide 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.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.   | PENSACO                                 | DLA FL 32503                            |                     |                     | <u> </u>          |  |            |                                       |             | ··· .            | ┥           |
| SIGNATURE    Signature   Signa   | · ·                                     |   |                     |                     | C                 | ity  |            |                                       | FL Zip      | Code             | $\dashv$    |
| SIGNATURE    Signature   Signa   | 8. The above                            | e named entity submits this statement   | for the purp        | ose of changing its | registered of     | ffice or registere                                 | ed age     |                                       |             | with, and accept | $\dashv$    |
| Signature, special or interest rained or degreeated agent and site of appetication (NOTE: Registerent Appetit signature response where remaining many) in a control or special part and site of \$55.00 May Bo Added to Foes and After May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | the obliga                              | tions of registered agent.              |                     |                     |                   |  |            |                                       |             | ,                | -           |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | SIGNATURE                               | Signature typed or existed              | 4 d side - id       |                     |                   |  |            |                                       |             |                  | 1           |
| After May 1, 2003 Fee will be \$55.00 May Be Make Check Payable to Florida Department of State  10.  | <del></del>                             |   | t and title if app  | NOTE:               | : Registered Agei | nt signature required v                            | when rei   | instating) D                          | ATE         | -+·.             |             |
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| AMSPACHER, WILLIAM H STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR   | 10.                                     | OFFICERS AND                            | DIRECTO             | PRS                 | 11.               |  | ADI        | DITIONS/CHANGES TO OFFICERS           | AND DIREC   | TORS IN 11       | -           |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \*