

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032901

1. Entity Name

KARLSBERGER ARCHITECTURAL GROUP P.A.

Principal Place of Business

Mailing Address

444 BUNKER RD., #201  
WEST PALM BEACH FL 33405

99 E. MAIN ST.  
COLUMBUS OH 43215-5115

2. Principal Place of Business

312 KLEMMATIS ST

3. Mailing Address

Suite, Apt. #, etc.

405

City & State

WEST PALM BEACH FL

Zip

33401

Country

Zip

Country

4. FEI Number

31-1655053

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM

1200 S. PINE ISLAND RD.

PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME BARGER, RICHARD

STREET ADDRESS 99 E. MAIN ST.

CITY-ST-ZIP COLUMBUS OH 34215

TITLE ☐ Delete

NAME WILLIAM O. ANDERSON T

STREET ADDRESS 99 EAST MAIN ST

CITY-ST-ZIP COLUMBUS OH 43215

TITLE ☐ Delete

NAME JUDITH A WRIGHT S

STREET ADDRESS 99 EAST MAIN ST

CITY-ST-ZIP COLUMBUS OH 43215

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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43215

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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:

*Judith A Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH A WRIGHT

1/7/2000 614461-9500

Date

Daytime Phone #

CR2E034 (9/99)