

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90089 050 ***150.00

DOCUMENT # P99000053976

1. Entity Name

ARCHITECTURAL FORM + LIGHT, INC.

Principal Place of Business

1835 NW 13TH STREET
~~202 CB/05~~
DELRAY BEACH FL 33445

Mailing Address

1835 NW 13TH STREET
~~202 CB/05~~
DELRAY BEACH FL 33445

2. Principal Place of Business

Suite, Apt. #, etc.
#202 CB 105

3. Mailing Address

Suite, Apt. #, etc.
#202 CB 105

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0926338**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~TRIPP, HEATHER S~~
1835 NW 13TH STREET
~~#202 CB/05~~
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name
CARROLL, DANIEL R.
 Street Address (P.O. Box Number is Not Acceptable)
1835 NW 13TH STREET
#202 CB 105
 City **DELRAY BEACH** FL Zip Code **33445**

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

JAN 5, 2001

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 **P** ☐ Delete
 NAME **CARROLL, DANIEL R**
 STREET ADDRESS **1835 NW 13TH STREET**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **#202 CB 105**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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

Date

Daytime Phone #

PRES. DANIEL R. CARROLL JAN 5, 2001 561-513187

CR2E034 (10/00)