

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90013 034 ***150.00

0641184

DOCUMENT # P99000054876

1. Entity Name

CYNTHIA M. CATERHAM ARCHITECT, INC.

Principal Place of Business

4590 CHAT COURT
 NAPLES FL 34119

Mailing Address

4590 CHAT COURT
 NAPLES FL 34119

Moved to:

736967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5903 Tree Iron Dr

3. Mailing Address

SAME

Suite, Apt. #, etc.

#2003

Suite, Apt. #, etc.

City & State

Naples FL

City & State

4. FEI Number

65-0927947

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATERHAM, CYNTHIA M
 4590 CHAT COURT
 NAPLES FL 34119

7. Name and Address of New Registered Agent

Name *Cynthia M. Caterham, Architect Inc*

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

5903 Tree Iron Dr #

#2003

City

Naples

FL

Zip Code
 34110

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

Cynthia M. Caterham

1/07/01

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D CATERHAM, CYNTHIA M 4590 CHAT COURT NAPLES FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Cynthia M. Caterham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

941-594-9616

Daytime Phone #

CR2E034 (10/00)