FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am DOCUMENT # P9900066962 **Secretary of State** 1. Entity Name 07-12-2001 90117 046 ***550.00 ARCHWAY DEVELOPERS, INC. Principal Place of Business Mailing Address 400 N TAMPA ST. SUITE 2630 400 N TAMPA ST. SUITE 2630 A0077055 TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address 81 Martinique 81 Martinique Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3631656 TEMBE Not Applicable Tampe \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -MANELLI, DENNIS E Street Address (P.O. Box Number is Not Acceptable) 400 N TAMPA ST. SUITE 2630 100 N. Tampe ST **TAMPA FL 33602** Zip Code 8. The above **amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition PD Change TITLE ☐ Delete TITLE NAME NAME MANELLI, DENNIS E STREET ADDRESS 81 Martinique Aure STREET ADDRESS 400 N TAMPA ST, SUITE 2630 CITY-ST-ZIP CITY-ST-ZIP Temps, FL 33606 TAMPA FL 33602 "M Change ■ Addition TITLE VSTD ☐ Delete NAME SMITH, VIRGINIA NAME 2713 mac Dill Ave S STREET ADDRESS STREET ADDRESS 2713 MOC DILL AVE S CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 TITLE ☐ Chance ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 that an address, with all other like empowered.