

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

019-19

DOCUMENT# P99000081155

02-07-2001 90200 026 ***150.00

1. Entity Name

ARCHER EVALUATIONS, INC.

Principal Place of Business

Mailing Address

1320 S. DIXIE HWY., STE. 860
 CORAL GABLES FL 33146

1320 S. DIXIE HWY., STE. 860
 CORAL GABLES FL 33146

00013420

2. Principal Place of Business

3. Mailing Address

12651 S. DIXIE HWY

12651 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

SUITE 201

City & State

City & State

PINECREST, FL

PINECREST, FL

4. FEI Number

65-0944790

Applied For

Not Applicable

Zip

Country

Zip

Country

33156

USA

33156

USA

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

ARCHER, VANESSA
 1320 S. DIXIE HWY., STE. 860
 CORAL GABLES FL 33146

Name

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

12651 S. DIXIE HWY

SUITE 201

City

PINECREST

FL

Zip Code

33156

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

Vanessa Archer

2/4/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHER, VANESSA	
STREET ADDRESS	1320 S. DIXIE HWY., STE. 860	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12651 S. DIXIE HWY - 201	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Vanessa Archer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/01

Date

305-252-8700

Daytime Phone #

CR2E034 (10/00)