

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P99000103362**

1. Entity Name  
**EWEN ARCHITECTURE & MANAGEMENT, INC.**

07-02-2002 90811 044 \*\*\*550.00

0080091 AV

Principal Place of Business Mailing Address  
~~2647 ULTRA VISTA DRIVE~~ ~~2647 ULTRA VISTA DRIVE~~  
~~MAITLAND FL 32751~~ ~~MAITLAND FL 32751~~

80126655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**601 N ORLANDO AVE** **601 N ORLANDO AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 103** **SUITE 103**

City & State City & State  
**MAITLAND FL** **MAITLAND, FL**

4. FEI Number **59-3611177** Applied For Not Applicable

Zip Country Zip Country  
**32751 USA** **32751 USA**

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

6. Name and Address of Current Registered Agent  
~~EWEN ANTHONY E~~  
~~2647 ULTRA VISTA DRIVE~~  
~~MAITLAND FL 32751~~  
**EWEN**  
**USE NEW ADDRESS**

7. Name and Address of New Registered Agent  
 Name **EWEN ANTHONY**  
 Street Address (P.O. Box Number is Not Applicable) **601 N. ORLANDO AVE**  
**SUITE 103**  
 City **MAITLAND FL** Zip Code **32751**

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]* DATE **6/27/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	PTD EWEN, ANTHONY E 2647 ULTRA VISTA DRIVE MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD EWEN, DEBORAH L 2647 ULTRA VISTA DRIVE MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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
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: *[Signature]* DATE **6/27/02** DAYTIME PHONE # **407-539-1419**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)