

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13523

1. Entity Name

RICK BRAUTIGAN ARCHITECTURE, INC.

FILED

00 OCT 16 PH 2:20

Principal Place of Business

1705 S FED HWY
STE A-4
DELRAY BEACH FL 33483
US

Mailing Address

1705 S FEDERAL HWY
SUITE A-4
DELRAY BEACH FL 33483
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 65-0224719

Not Applicable

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

BRAUTIGAN, PAUL RICHARD
1705 S. FEDERAL HWY,
SUITE A-4
DELRAY BEACH FL 33483

Name

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

City

FL

Zip Code

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)

10/12/21

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSTD	☐ Delete
NAME	BRAUTIGAN, PAUL RICHARD	
STREET ADDRESS	1705 S. FEDERAL HWY, SUITE A-4	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	☒ Delete
NAME	BRAUTIGAN, PAUL RICHARD	
STREET ADDRESS	100 E LINTON BLVD. 305A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	800003455698--7	
CITY-ST-ZIP	-11/07/00--01098--002	
	****750.00 ****750.00	☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/21

561/272 9086

Date

Daytime Phone

0088373

CR2E034 15/00