FILED Mar 18, 2002 8:00 am

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2002 Uniform Business Report (UBR)

| DOCUMENT # \$13523 1. Entity Name RICK BRAUTIGAN ARCHITECTURE, INC. | | | | | | Secretary of State 03-18-2002 90090 050 ***150.00 | | | | |
|---|--|--|--|--|------------------|---|--|----------|-----------------------------|--|
| Principal Place of Business 1705 S FED HWY STE A4 | | Mailing Address 1705 S FEDERAL HWY SUITE A-4 | | | | | | | | |
| DELRAY BEA | CH FL 33483 | | DELRAY BEACH FL 33483* US | | | | | | | |
| 2. Principal Place of Business 3. | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | | City & State | | | 4. F | FEI Number 65-0224719 | ⊢ | pplied For at Applicable | |
| Zip | Zip Country Zip | | | Country | | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | |
| | 6. Name and | Address of Current Re | gistered Agent | | | 7. N | Name and Address of New Registered Age | nt | | |
| 55 · · · · · · | AM BAIN | 100 | | 1 | Name | | | | | |
| Brautigan, Paul Richard 1705 S. Federal Hwy, | | | (| Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE A-4 DELRAY BEACH FL 33483 | | | | | City FL Zip Code | | | | | |
| 8. The above | | ed name of rehistered agent and | | | office or region | | ent, or both, in the State of Florida. 03/05/02. einstating) | | | |
| Tax filing | oration:is:eligible:t requirement and e ria on back) | satisfy its:Intangible == elects to do so. | FILE NOW!!! After May 1, 2002 Make Check Payable | ? Fee wil | be \$550.0 | 0 | 10. Election Campaign Financing Trust Fund Contribution. | | 0 May Be to Fees | |
| 11. | | OFFICERS AND DIF | RECTORS | 12. | | AD | L DITIONS/CHANGES TO OFFICERS AND DIF | RECTORS | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Paul Richard Ral Hwy, Suite A-4 IH Fl 33483 | ☐ Delete | TITLE NAME STREET A | | . , | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET A | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | ☐ Delete | TITLE NAME STREET AI CITY-ST- | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET AL CITY-ST- | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _ | | ☐ Delete | TITLE NAME STREET AU CITY-ST- | li li | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET AL | | | | Change | ☐ Addition | |

of the corporation or the receiver or trustee empowered to execute this report as figured 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: Paul Richard Brautigan OVAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR