FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # \$32534** ARCHITECTURAL DESIGNS, INC. 04-04-2001 90018 047 \*\*\*158.75 Principal Place of Business Mailing Address 1501 EAST 9TH AVE 1501 EAST 9TH AVE YBOR CITY FL 33605 YBOR CITY FL 33605 ŲS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3059726 Not Applicable Country \$8.75 Additional Zip \_ XX 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KROGER, KENNETH P. Street Address (P.O. Box Number is Not Acceptable) 1501 EAST 9TH AVE YBOR CITY FL 33605 Zip Code City 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) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE Delete TITLE KROGER, KENNETH P. NAME NAME 1501 EAST 9TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YBOR CITY FL 33605 CITY-ST-ZIP XX Delete TITLE Change Addition PURDY, SCOTT J NAME ...\_ NAME 1501 EAST 9TH AVE STREET ADDRESS STREET ADDRESS CHY-ST-7IP YBOR CITY FL 33605 CITY-ST-ZIP XX Delete ■ Addition TITLE ☐ Change TITLE GILLIS, DONNA NAME NAME STREET ADDRESS 1501 EAST 9TH AVE STREET ADDRESS CITY-ST-ZIP YBOR CITY FL 33605 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 with an address, with all other like empowered.

| SIG | NZ | IT/ | IR | F |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth P. Kroger, Principal

4/2/01

813.247.1333

Daytime Phone #