

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90373 013 ***150.00

DOCUMENT # V65372

1. Entity Name

ARCHITECTURAL ARTWORKS INCORPORATED

DO NOT WRITE IN THIS SPACE

B0127588

2. Principal Place of Business
163 E. MORSE BLVD.

3. Mailing Address
163 E. MORSE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 100

STE. 100

City & State

City & State

WINTER PARK, FLORIDA

WINTER PARK, FLORIDA

4. FEI Number

59-3147844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32789

Country
USA

Zip
32789

Country
USA

7. Name and Address of Current Registered Agent

Name
GARY M. KALEITA

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

215 NORTH EOLA DRIVE

City
ORLANDO

FL

Zip Code
32801

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **DPST**
NAME
STREET ADDRESS
CITY-ST-ZIP
DESCOMBES, JOAN
163 E. MORSE BLVD., STE. 100
WINTER PARK, FLORIDA 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Descombes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joan Descombes, President

6127102

Date

Daytime Phone #

CR2E034B (12/01)

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

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ORLANDO, FLORIDA 32801

450 SOUTH ORANGE AVENUE, SUITE 800
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E-mail: gail.andre@lowndes-law.com

V65372

July 3, 2002

CERTIFIED MAIL 7001 2510 0007 1365 6475
RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

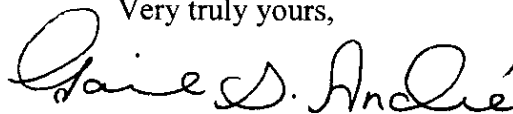
Re: 2002 Uniform Business Report

Dear Madam or Sir:

Enclosed herewith please find an executed 2002 Uniform Business Report for Architectural Artworks Incorporated, together with our client's check number 11458 payable to the Department of State in the amount of \$150.00 representing the filing fee. Our client has indicated that she has no record of receiving the business report, and therefore, we respectfully request that the business report be filed at that time.

Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Legal Assistant to
Gary M. Kaleita

GSA
Enclosures
031013/49576/352995

c: Ms. Joan DesCombes