2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2000 8:00 am DOCUMENT # 355684 Secretary of State KBJ ARCHITECTS, INC. 03-08-2000 90027 044 ***158.75 Mailing Address Principal Place of Business 510 JULIA STREET 510 JULIA STREET JACKSONVILLE FL 32202-4129 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1277189 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, WALTER Q Street Address (P.O. Box Number is Not Acceptable) 510 JULIA STREET JACKSONVILLE FL 32202 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SD ☐ Delete TITLE Change ☐ Addition TITLE MORRIS, WILLIAM T. NAME NAME STREET ADDRESS STREET ADDRESS 510 JULIA STREET CITY-ST-ZIP CITY-ST-ZIP JAX FL 32202 ☐ Addition TITLE ☐ Change ☐ Delete RUTH, JOHN W. NAME STREET ADDRESS STREET ADDRESS **510 JULIA STREET** CITY-ST-7IP CITY-ST-ZIP JAX FL 32202 Addition ☐ Change ☐ Delete TITLE TITLE KIRKWOOD, CRAIG NAME NAME STREET ADDRESS STREET ADDRESS 510 JULIA ST CITY-ST-ZIP CITY-ST-ZIP JAX FL 32202 Change ☐ Addition ☐ Delete TITLE TITLE NAME TAYLOR, WALTER Q NAME STREET ADDRESS STREET ADDRESS **510 JULIA STREET** CITY-ST-ZIP CITY-ST-ZIP JAX FL 32202 ☐ Delete Change ☐ Addition TITLE RENSING, THOMAS K. NAME NAME STREET ADDRESS STREET ADDRESS 510 JULIA ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 Change ☐ Addition ☐ Delete TITLE TITLE 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 1 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 at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2000

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te Daytime Phone