

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 355684

1. Entity Name
KBJ ARCHITECTS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90313 044 ***158.75

Principal Place of Business
510 JULIA STREET
JACKSONVILLE FL 32202

Mailing Address
510 JULIA STREET
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1277189

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, WALTER Q
510 JULIA STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

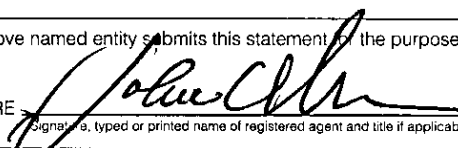
Street Address (P.O. Box Number is Not Acceptable)

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)

1/23/2001

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 SD
NAME MORRIS, WILLIAM T.
STREET ADDRESS 510 JULIA STREET
CITY-ST-ZIP JAX FL 32202 ☐ Delete

TITLE TD
NAME RUTH, JOHN W.
STREET ADDRESS 510 JULIA STREET
CITY-ST-ZIP JAX FL 32202 ☐ Delete

TITLE D
NAME KIRKWOOD, CRAIG
STREET ADDRESS 510 JULIA ST
CITY-ST-ZIP JAX FL 32202 ☐ Delete

TITLE CD
NAME TAYLOR, WALTER Q
STREET ADDRESS 510 JULIA STREET
CITY-ST-ZIP JAX FL 32202 ☐ Delete

TITLE D
NAME RENSING, THOMAS K.
STREET ADDRESS 510 JULIA ST
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

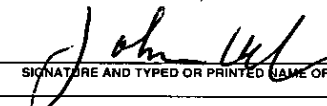
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/2001

CR2E034 (10/00)