2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State 355684 DOCUMENT # 1. Entity Name KBJ ARCHITECTS, INC. 02-27-2002 90016 023 ***158 Principal Place of Business Mailing Address 510 JULIA STREET 510 JULIA STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 Experience Land 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1277189 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, WALTER Q Street Address (P.O. Box Number is Not Acceptable) 510 JULIA STREET JACKSONVILLE FL 32202 Zip Code FL. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) (1997) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE MORRIS, WILLIAM T. NAME NAME 510 JULIA STREET STREET ADDRESS STREET ADDRESS JAX FL 32202 CITY-ST-ZIP CITY-ST-7IP TD Change ☐ Addition TITLE Delete TITLE RUTH, JOHN W. NAME NAME **510 JULIA STREET** STREET ADDRESS STREET ADDRESS JAX FL 32202 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE KIRKWOOD, CRAIG NAME 510 JULIA ST STREET ADDRESS STREET ADDRESS JAX FL 32202 CITY-ST-ZIP CITY-ST-ZIP TITLE CD ☐ Delete TITLE Change ☐ Addition TAYLOR, WALTER Q NAME NAME 510/JULIA STREET STREET ADDRESS STREET ADDRESS JAX FL 32202 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE RENSING, THOMAS K. NAME NAME 510 JULIA ST STREET ADORESS STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 fill other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP

FILED

Daytime Phone #