2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 02, 2003 8:00 am § Secretary of State DOCUMENT # 355684 1. Entity Name 05-02-2003 90390 046 ***158.75 KBJ ARCHITECTS, INC. Principal Place of Business Mailing Address 510 JULIA STREET 510 JULIA STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1277189 Not Applicable Zip Country Zip Country \$8.75 Additional 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 City 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. 1 am familiar with, and accept the obligations of registered agent 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE ☐ Delete MORRIS, WILLIAM T. NAME NAME STREET ADDRESS **510 JULIA STREET** STREET ADDRESS CITY-ST-ZIP JAX FL 32202 CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition TD NAME RUTH, JOHN W. NAME STREET ADDRESS **510 JULIA STREET** STREET ADDRESS CITY-ST-ZIP JAX FL 32202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME KIRKWOOD, CRAIG STREET ADDRESS STREET ADDRESS 510 JULIA ST CITY-ST-ZIP CITY-ST-ZIP JAX FL 32202 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CD NAME TAYLOR, WALTER Q NAME STREET ADDRESS STREET ADDRESS 510 JULIA STREET CITY-ST-ZIP CITY-ST-ZIP JAX FL 32202 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME RENSING, THOMAS K. STREET ADDRESS STREET ADDRESS 510 JULIA ST CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Change TITLE Addition TITLE ☐ Delete

12. 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 true see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-7IP

FILED