2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90063 028 ***150.00

DOCUMENT # 439304

1. Entity Name
PAPPASJSA ARCHITECTS, INC.

Principal Place of Business	Mailing Address
~~100 RIVERSIDE AVE.~~	~~100 RIVERSIDE AVE.~~
~~P. O.BOX 41245~~	~~P. O.BOX 41245~~
~~JACKSONVILLE FL 32203~~	~~JACKSONVILLE FL 32203~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
425 N. LEE STREET	425 N. LEE STREET
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32204-1137 Country DUVAL	Zip 32204-1137 Country DUVAL

4. FEI Number 59-1500733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, TED
100 RIVERSIDE AVE.
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] 4/5/02
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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	P	☐ Delete
NAME	PAPPAS, TED P	
STREET ADDRESS	~~100 RIVERSIDE AVE~~ 425 N. LEE ST, SUITE 201	
CITY-ST-ZIP	JACKSONVILLE, FL ~~00000~~ 32204	
TITLE	VT	☐ Delete
NAME	BRIM, JEROME D	
STREET ADDRESS	~~100 RIVERSIDE AVE~~ 425 N. LEE ST, SUITE 201	
CITY-ST-ZIP	JACKSONVILLE, FL ~~00000~~ 32204	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
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		
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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] 4/5/02 904-353-5581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)