2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 571982** Mar 23, 2000 8:00 am Secretary of State RBK ARCHITECTS, INC. 03-23-2000 90037 001 ***158.75 Principal Place of Business Mailing Address 2112 N. 15TH STREET 2112 N. 15TH STREET SUITE 300 SUITE 300 TAMPA FL 33605 TAMPA FL 33605-3648 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc Applied For 4. FEI Number 59-1819115 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, CHRISTOPHER J ddress (P.O. Box Number & Not AcceptaAle) 2112 N 15TH ST SUITE 300 TAMPA FL 33605 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 (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSD Change ☐ Addition TITLE ☐ Delete TITLE KREHER, ERIC L NAME NAME 2112 N. 15TH ST. STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 00000 CITY-ST-ZIP PD ☐ Addition TITLE ☐ Delete TITLE BELL. CHRISTOPHER J NAME NAME STREET ADDRESS 2112 N 15TH ST, SUITE 300 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 00000 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete 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. I further certify that the information

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 ectiver so 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:

DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

\$13/047-5002