

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90334 002 ***158.75

DOCUMENT # F22401

1. Entity Name
RUYLE AND MASTERS + JENNEWAIN ARCHITECTS, P.A.

Principal Place of Business 3333 W KENNEDY BLVD. STE 203 TAMPA FL 33609	Mailing Address 3333 W KENNEDY BLVD. STE 203 TAMPA FL 33609
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00030700



DO NOT WRITE IN THIS SPACE

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 59-2085993	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, J SCOTT
 2909 WEST BAY TO BAY BLVD
 STE 403
 TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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) 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RUYLE, JAMES DOUGLAS	
STREET ADDRESS	3333 W KENNEDY BLVD #203	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JENNEWAIN, JAMES J	
STREET ADDRESS	3333 W KENNEDY BLVD #203	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	MASTERS, DANIEL WAYNE	
STREET ADDRESS	3333 W KENNEDY BLVD #203	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Ruyle* **JAMES RUYLE** Date: 3/1/01 Daytime Phone #: (813) 879-6633

UNP0611

CR2E034 (10/00)