2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State DOCUMENT # F22401 1. Entity Name 05-21-2002 91123 039 ***158 75 RUYLE AND MASTERS + JENNEWEIN ARCHITECTS, P.A. Principal Place of Business Mailing Address 3333 W KENNEDY BLVD. STE 203 3333 W KENNEDY BLVD. STE 203 TAMPA FL 33609 TAMPA FL 33609 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2085993 Not Applicable Country Zip Country Zip \$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 TAYLOR, J SCOTT Street Address (P.O. Box Number is Not Acceptable) 2909 WEST BAY TO BAY BLVD **STE 403** TAMPA FL 33629 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) ☐ Change ☐ Addition TITLE DP ☐ Delete TITLE RUYLE, JAMES DOUGLAS NAME NAME CR2E034 STREET ADDRESS 3333 W KENNEDY BLVD #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 Change ☐ Addition ☐ Delete TITLE NAME JENNEWEIN, JAMES J NAME STREET ADDRESS STREET ADDRESS 3333 W KENNEDY BLVD #203 CITY-ST-ZIP CITY-ST-7IP Tampa FL TITLE Change - [-]-Addition TITLE ☐ Dēletē DVTS" NAME NAME MASTERS, DANIEL WAYNE STREET ADDRESS 3333 W KENNEDY BLVD #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 it 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 SIGNATURE AND TYPED OR HINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED