

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001854

1. Entity Name

RALPH C. TYLER, P.E., P.S., INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90050 018 ***158.75

Principal Place of Business

Mailing Address

1120 CHESTER AVE
STE 200
CLEVELAND OH 44114

1120 CHESTER AVE
STE 200
CLEVELAND OH 44114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1558292

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional -
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYSON, JOHN C
2400 EAST OAKLAND PARK BLVD
WEST PALM BEACH FL 33306

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	V TOBER, DOUGLAS L 1120 CHESTER AVE., STE 200 CLEVELAND OH 44114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO TYLER, RALPH S 1120 CHESTER AVE., STE 200 CLEVELAND OH 44114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYLER, MABLE S 1120 CHESTER AVE., STE 200 CLEVELAND OH 44114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, EDWIN J JR 1120 CHESTER AVE., STE 200 CLEVELAND OH 44114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV HAWTHORNE, JOHN W 1120 CHESTER AVE., STE 200 CLEVELAND OH 44114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PARAMANANDAM, KALY 1120 CHESTER AVE., STE 200 CLEVELAND OH 44114	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLISON TERRANCE 1120 CHESTER AVENUE CLEVELAND, OH 44114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHIANG, RU-FANG 1120 CHESTER AVENUE CLEVELAND, OH 44114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNIGHT, RAYMOND 1120 CHESTER AVENUE CLEVELAND, OH 44114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-01 26/623-0808

CR2E034 (10/00)

Attachment
A00394/33

Document # F96000001854

DANKO AND ASSOCIATES
INSTRUCTIONS FOR FILING
2001 FLORIDA UNIFORM BUSINESS REPORT

TAXPAYER(S): Ralph C. Tyler, P.E., P.S., Inc.
DATE: March 5, 2001

DUE DATE	The enclosed return must be filed on or before May 01, 2001..
TAX DUE	Balance due \$ <u>158.75</u>
PAYMENT INSTRUCTIONS	If payment of tax is due, your check should be made payable to the Florida Dept. of State.
MAILING INSTRUCTIONS	After execution of file with: DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

February 7, 1990 - TAXTRANS\1040ES.FIL"

Job# _____ Date: 3-12-01
Approved By: [Signature]
Acct: 138 Entered: 3/14/01
Paid: 11900 CK# 327101
Special _____