

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90078 023 ***158.75

DOCUMENT # F96000001854

1. Entity Name
RALPH C. TYLER, P.E., P.S., INC.



Principal Place of Business
**1120 CHESTER AVE
STE 200
CLEVELAND OH 44114**

Mailing Address
**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

4. FEI Number **34-1558292**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing -- **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-23

Date

Daytime Phone #

216/23-0808

CR2E034 (10/02)