

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90136 032 ***558.75

DOCUMENT # J68956

1. Entity Name
ARCHITECTURAL DESIGN ASSOCIATES, INC.



Principal Place of Business
STEWART, ROBERT R.
4110 SOUTHPOINT BLVD. RM. 222
JACKSONVILLE FL 32216

Mailing Address
STEWART, ROBERT R.
4110 SOUTHPOINT BLVD. RM. 222
JACKSONVILLE FL 32216

2. Principal Place of Business
4110 Southpoint Blvd, #222
Suite, Apt. #, etc.

3. Mailing Address
4110 Southpoint Blvd, #222
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-2803225**

Applied For
Not Applicable

Zip Country
32216 United States

Zip Country
32216 United States

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEWART, ROBERT R.
1408 FOREST AVENUE
NEPTUNE BEACH FL 32233

7. Name and Address of New Registered Agent

Name
James T. Martin
Street Address (P.O. Box Number is Not Acceptable)
1022 Barrs Street
City
Jacksonville FL 32204

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 *James T. Martin*
Signature, typed or printed name of registered agent and title if applicable.

James T. Martin

July 14, 2003

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **STEWART, ROBERT R.**
STREET ADDRESS **1408 FOREST AVENUE**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE **VDS** ☒ Delete
NAME **LEE, ROBERT F.**
STREET ADDRESS **3948 BARCELONA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Change ☒ Addition
NAME **Oren C. Rusk, Jr.**
STREET ADDRESS **3355 Lenox Road, Suite 1190**
CITY-ST-ZIP **Atlanta, GA 30326-1332**

TITLE **P/S/T** ☐ Change ☒ Addition
NAME **Harry S. Rowland, Jr.**
STREET ADDRESS **3355 Lenox Road, Suite 1190**
CITY-ST-ZIP **Atlanta, GA 30326-1332**

TITLE **V** ☐ Change ☒ Addition
NAME **James T. Martin**
STREET ADDRESS **4110 Southpoint Boulevard, Suite 222**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James T. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 2003

(904) 281-0015

Date Daytime Phone #

CR2E034 (4/03)