

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90025 014 \*\*\*150.00

**DOCUMENT # P92000014154**

1. Entity Name

**ELIZABETH DEBS RALPH CANTIN ARCHITECTS, INC.**

Principal Place of Business

**277 SE 5TH AVE  
 DELRAY BEACH FL 33483  
 US**

Mailing Address

**165 SEMINOLE AVE  
 PALM BEACH FL 33480  
 US**

2. Principal Place of Business

3. Mailing Address

**1120 Gator Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**West Palm Beach FL**

4. FEI Number

**65-0382254**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33409**

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

**CANTIN, RALPH T  
 165 SEMINOLE AVE  
 PALM BEACH FL 33480**

**1120 Gator Trail  
 West Palm Beach FL  
 33409**

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

**Ralph T. Cantin**

**1/14/02**

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. ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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 ☐ Delete  
 NAME **PTS**  
 STREET ADDRESS **CANTIN, RALPH T**  
 CITY-ST-ZIP **165 SEMINOLE AVE 1120 Gator Trail  
 PALM BEACH FL WPB FL 33409**

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

TITLE ☐ Delete  
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 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:

**Ralph T. Cantin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/02 - 310-8039**

Date Daytime Phone #

CR2E034 (9/01)