

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90471 019 ***158.75

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1. Entity Name
RONALD SCALISI ARCHITECTS, P.A.



Principal Place of Business
**1309 N. ST. JOHNS BLUFF RD.
JACKSONVILLE FL 32225
US**

Mailing Address
**1309 N. ST. JOHNS BLUFF RD.
JACKSONVILLE FL 32225
US**



2. Principal Place of Business

1309 St. Johns Bluff Rd. N.

3. Mailing Address

1309 St. Johns Bluff Rd. N.

Suite, Apt. #, etc.

A-5

Suite, Apt. #, etc.

A-5

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

Zip

32225

Country

USA

Zip

32225

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3216834**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAYES, DENNIS E (Same)
233 EAST BAY ST.
SUITE 620
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **Hayes, Dennis E. (Same)**
Street Address (P.O. Box Number is Not Acceptable)
2320 The Woods Drive, West
City **Jacksonville** FL Zip Code **32246**

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCALISI, RONALD**
STREET ADDRESS **2332 COVINGTON CREEK DR. W.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **ST** ☐ Delete
NAME **SCALISI, EVELYN J**
STREET ADDRESS **2332 COVINGTON CREEK DR. W.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

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

TITLE ☐ Change ☐ Addition
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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:

Evelyn J. Scalisi **March 10, 2003**
904-998-8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)