

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035541

1. Entity Name

R.C.T. ARCHITECTURE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90024 001 ***150.00

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 701 NORTH POINT PARKWAY SUITE 205 WEST PALM BEACH FL 33407 | 1120 CHESTER AVE STE 200 CLEVELAND OH 44114-3514 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---------|-----|
| Country | USA |
| Country | USA |



DO NOT WRITE IN THIS SPACE

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 65-0669120 | Applied For |
| | | Not Applicable |

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

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| 6. Name and Address of Current Registered Agent |
| RAYSON, JOHN C ESQ 2400 EAST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306 |

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|--|
| 7. Name and Address of New Registered Agent |
| 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.

| | | |
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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|---|---|---|---------------------------------|------|-------------------|--|----------------|-------------------------------|--|-------------|------------------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td>PDS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TYLER, RALPH S</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1334 INGLEWOOD DRIVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CLEVELAND OH 44121</td><td></td></tr></table> | TITLE | PDS | <input type="checkbox"/> Delete | NAME | TYLER, RALPH S | | STREET ADDRESS | 1334 INGLEWOOD DRIVE | | CITY-ST-ZIP | CLEVELAND OH 44121 | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| <table><tr><td>TITLE</td><td>V</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BURPHY, JAMES V</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5241 CEDAR LAKE RD., APT. 4-9</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BOYNTON BEACH FL 33437</td><td></td></tr></table> | TITLE | V | <input type="checkbox"/> Delete | NAME | BURPHY, JAMES V | | STREET ADDRESS | 5241 CEDAR LAKE RD., APT. 4-9 | | CITY-ST-ZIP | BOYNTON BEACH FL 33437 | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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 another I am empowered.

| | | | | | |
|------------|--|------|--------|-----------------|--------------|
| SIGNATURE: | | Date | 2-9-00 | Daytime Phone # | 214/623-0808 |
|------------|--|------|--------|-----------------|--------------|

CR2E034 (9/99)