

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90316 006 ***150.00

DOCUMENT # P96000035541

1. Entity Name
R.C.T. ARCHITECTURE, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country **USA** Zip Country **USA**

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

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 ESG
 2400 EAST OAKLAND PARK BLVD.
 FORT LAUDERDALE 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.

SIGNATURE _____ (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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PDS						
	TYLER, RALPH S	1334 INGLEWOOD DRIVE	CLEVELAND OH 44121				
	V						
	BURPHY, JAMES V	5241 CEDAR LAKE RD., APT. 4-9	BOYNTON BEACH FL 33437				
	V						
	TOBER, DOUGLAS	258 BAYVIEW ROAD	BAY VILLAGE OH 44140				
	D						
	WILLIAMS, EDWIN J	7859 GATES MILLS ESTATE DR.	GATES MILLS OH 44040				

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date/Time Filing #

Ralph S Tyler President 1-25-01 24/03-088

CR2E034 (10/00)