

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90251 019 \*\*\*550.00

**DOCUMENT # F00000001026**

1. Entity Name

**TROW ENGINEERING CONSULTANTS INC.**

Principal Place of Business

**1538 METROPOLITAN BLVD., UNIT A2  
TALLAHASSEE FL 32308**

Mailing Address

**1538 METROPOLITAN BLVD., UNIT A2  
TALLAHASSEE FL 32308**

2. Principal Place of Business

**1300 METROPOLITAN BLVD.**

3. Mailing Address

**1300 METROPOLITAN BLVD.**

Suite, Apt. #, etc.

**200**

Suite, Apt. #, etc.

**200**

City & State

**TALLAHASSEE, FLORIDA**

City & State

**TALLAHASSEE, FLORIDA**

Zip

**32308**

Country

**USA**

Zip

**32308**

Country

**USA**

4. FEI Number

**98-6032711**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KOSKI, MICHAEL**

**1538 METROPOLITAN BLVD., UNIT A2  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1300 METROPOLITAN BLVD.**

**SUITE 200**

City

**TALLAHASSEE**

**FL**

Zip Code  
**32308**

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

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.  
(See criteria on back) ☐

**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

TITLE **VDC** ☐ Delete  
NAME **GONSALVES, STAN E**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO, CANADA L6T- 4V1**

TITLE **PD** ☐ Delete  
NAME **STRITESKY, V F**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

TITLE **VSTD** ☐ Delete  
NAME **ENGLISH, H B**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

TITLE **VD** ☒ Delete  
NAME **GONSALVES, STAN E**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

TITLE **VD** ☐ Delete  
NAME **LISCHKOFF, J K**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

TITLE **V** ☒ Delete  
NAME **MCGOVERN, D F**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Change ☒ Addition  
NAME **RUSSELL, ALLAN**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

TITLE **VD** ☐ Change ☒ Addition  
NAME **NG, TOM**  
STREET ADDRESS **11595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

TITLE **VD** ☐ Change ☒ Addition  
NAME **MCKEE, JOHN**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

TITLE **VD** ☐ Change ☒ Addition  
NAME **KOSKI, MICHAEL**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

TITLE **D** ☐ Change ☒ Addition  
NAME **PICACCHIA, LUCIANO**  
STREET ADDRESS **1595 CLARK BLVD.**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6T 4V1**

TITLE **See attached list** ☐ Change ☐ Addition

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 REQUIRED H.B. English**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**905-793-9800**

Daytime Phone #

CR2E034 (9/01)

Attachment 80128732  
Dir. # F00000001026

**Trow Engineering Consultants Inc.  
Additions/Changes To Officers and Directors in 11**

Continued

Title	V	Addition
Name	L.A. GONSALVES	
Street Address	1595 CLARK BLVD.	
City-St-Zip	BRAMPTON, ONTARIO L6T 4V1	

Title	V	Addition
Name	J.B. MANGIONE	
Street Address	1595 CLARK BLVD.	
City-St-Zip	BRAMPTON, ONTARIO L6T 4V1	

Title	V	Addition
Name	K.B. MIRZA	
Street Address	1595 CLARK BLVD.	
City-St-Zip	BRAMPTON, ONTARIO L6T 4V1	