

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90226 044 \*\*\*150.00

**DOCUMENT # F27352**

1. Entity Name  
**MICRO ENGINEERING, INC.**

Principal Place of Business

**1428 SEMORAN BLVD.  
 STE. 120  
 APOPKA FL 23703  
 US**

Mailing Address

**1428 SEMORAN BLVD.  
 STE. 120  
 APOPKA FL 32703  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2119376**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**0050606**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAFORST, LARRY  
 3516 PAULETTE ST.  
 APOPKA FL 32712**

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.

**CT**

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, 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	<input type="checkbox"/> Delete
DP	LAFORST, LARRY	3516 PAULETTE ST	APOPKA FL	<input type="checkbox"/>
DVS	BROWN, JUDITH	722 OAK LEAF CT	APOPKA FL 32703	<input type="checkbox"/>
D	LAFORST, VICKI	3516 PAULETTE ST	APOPKA FL	<input type="checkbox"/>
DVT	NGUYEN, JOSEPH	3434 PAISLEY CIRCLE	ORLANDO FL	<input type="checkbox"/>
V	NOBLE, WILLIAM	4450 MEADOWLAND DR	MT DORA FL 32757	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Larry Forest*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01  
 Date

4078864849  
 Daytime Phone #

CR2E034 (10/00)