2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H98236** Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** CONSUMER ENGINEERING, INC. 02-02-2000 90017 045 ***150.00 Mailing Address Principal Place of Business 2730 KIRBY AVE NE 2730 KIRBY AVE NE UNIT 6 LINIT 6 PALM BAY FL 32905 PALM BAY FL 32905-3434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2623130 Not Applicable Country \$8.75 Additional Zìo Country 5. Certificate of Status Desired Fee Required .~~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAWAY, JERRELL P. Street Address (P.O. Box Number is Not Acceptable) 1320 MEADOWBROOK ROAD NORTHEAST PALM BAY-FL 32905 3636 Woodstock CT. Zip Code F١ W. Melbourne, FL 32904 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE 😿 Change Addition ☐ Delete TITLE HOLLAWAY, JERRELL P. NAME NAME 3636 Woodstock Court 1330 MEADOWBROOK RD NE STREET ADDRESS STREET ADDRESS W. Melbourne.FL 32904 CITY-ST-ZIP CITY-ST-ZIP -PALM-BAY-FL-☐ Addition ☐ Delete TITLE Change TITLE HOLLAWAY, SHARON G. NAME 3636 Woodstock Court STREET ADDRESS 1330 MEADOWBROOK RD NE STREET ADDRESS CITY-ST-7IP W. Melbourne, FL_ 32904 CITY-ST-ZIP PALM BAY FL ☐ Change Addition Delete TITLE PARKER, CHARLOTTE A NAME NAME 791 MONTCLAIR RD NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 OFFICE OR DIRECTO

Sharon G. Hollaway

1/22/00

321-984-

Daytime Phone #

8550