2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H98236 **DOCUMENT #**

1. Entity Name

CONSUMER ENGINEERING, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90484 005 ***150.00

| Principal Place | | | | | | | | |
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| | of Business | Mailing Address | 3 | | | | | |
| 2730 KIRBY AV | | 2730 KIRBY AV | E NE | | | | | |
| UNIT 6 | | unit 6 | | | } | | | |
| PALM BAY FL | 32905 | PALM BAY FL | 32905 | | 1 | B B B B B B B B B B | 811 B1811 81811 81811 | |
| US | | US | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | INDIDJI OTIO IBIOLIDIJE ILDEN TILIN OLIL DI | 8() U/8() 8)8() 8(8) | |
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| Suite, Apt. # | # etc | Suite, Apt. #, | etc. | | | CHECK HERE IF MAK | ING CHANGES | s |
| Odito, Apr. | ., 5.0. | | | | | - OHEOK HEIGH WAY | | |
| City & State | | City & State | | | 4. FEI Number 50 0000400 | | | Applied For |
| Ony a olate | • | | | | | 59-2623130 | 1 | Not Applicable |
| Zip | Country | Zip | Co | ountry | | | \$8.75 A | dditional |
| ZIÞ | Country |] | | | 5. Certif | cate of Status Desired | Fee Requi | |
| | 6. Name and Address of Current | Registered Agent | · | | 7. Name | and Address of New Register | red Agent | |
| | U. Hame and Address of Garren | g. | | Name | | - | | |
| | v Jeopeli B | | | | | • | | |
| | y, jerrell p. | | | Street Addre | ess (P.O. Box N | umber is Not Acceptable) | | |
| ,3636 WOO | DDSTOCK CT | | | | | <u> </u> | | |
| MELBOUR | NE FL 32904 | | | | | | | |
| | | | | City | - | | FL Zip Co | ode |
| | | | | | FL ' | | | |
| 8. The above | named entity submits this statement f | or the purpose of ch | anging its regis | ' | gistered agent, o | • | | h, and accept |
| the obligati | ons of registered agent. | | | stered office or reg | | or both, in the State of Florida. I | am familiar witl | h, and accept |
| the obligati | named entity submits this statement fons of registered agent. Signature, typed or printed name of registered agen | | | ' | | or both, in the State of Florida. I | | h, and accept |
| signature | Signature, typed or printed name of registered ager ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 | t and title if applicable. | | stered office or reg | equired when reinstati | or both, in the State of Florida. I | am familiar wit | .00 May Be |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

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