

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90255 005 ***150.00

DOCUMENT # J09863

1. Entity Name
MONAHAN ENGINEERING, LTD., INC.

Principal Place of Business W GRANADA BLVD. STE D3 BEACH FL 32174	Mailing Address 555 W GRANADA BLVD. STE D3 ORMOND BEACH FL 32174-5100
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2. Principal Place of Business 22 Sovereign Lane Suite, Apt. #, etc.	3. Mailing Address 22 Sovereign Lane Suite, Apt. #, etc.
City & State Ormond Beach, Florida	City & State Ormond Beach, Florida
Zip 32176	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2665349	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MONAHAN, JAMES J.
555 W. GRANADA BLVD.
SUITE D-3
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name Same
Street Address (P.O. Box Number is Not Acceptable) 22 Sovereign Lane
City Same
State FL
Zip Code 32176

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, 2000 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 PTD	<input type="checkbox"/> Delete
NAME MONAHAN, JAMES J.	
STREET ADDRESS 555 W. GRANADA BLVD.	
CITY-ST-ZIP ORMOND BEACH FL	
TITLE VD	<input type="checkbox"/> Delete
NAME MONAHAN, MOLLY	
STREET ADDRESS 22 SOVEREIGN LANE	
CITY-ST-ZIP ORMOND BEACH FL	
TITLE SD	<input type="checkbox"/> Delete
NAME MONAHAN, ROSE C	
STREET ADDRESS 22 SOVEREIGN LANE	
CITY-ST-ZIP ORMOND BEACH FL 32176	
TITLE VD	<input type="checkbox"/> Delete
NAME MONAHAN, MICHAEL C	
STREET ADDRESS 22 SOVEREIGN LANE	
CITY-ST-ZIP ORMOND BEACH FL 32176	
TITLE VD	<input type="checkbox"/> Delete
NAME MONAHAN, ANN T	
STREET ADDRESS 22 SOVEREIGN LANE	
CITY-ST-ZIP ORMOND BEACH FL 32176	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Patrick F. Monahan	
STREET ADDRESS 22 Sovereign Lane	
CITY-ST-ZIP Ormond Beach, Fl. 32176	
TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Monahan, James J.	
STREET ADDRESS 22 Sovereign Lane	
CITY-ST-ZIP Ormond Beach, Fl. 32176	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **James J. Monahan, President** Date: **4/8/2000** Daytime Phone #: **904/441-5457**

CR2E034 (9/99)