2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90966 011 ***158.75

DOCUMENT # P02000013797

1. Entity Name
CIVILWORKS DESIGN AND ENGINEERING, INC.

Principal Place of Business	Mailing Address
1142 POINTE NEWPORT TERRACE #100	POST OFFICE BOX 677355
CASSELBERRY FL 32707	ORLANDO FL 32867-7355

2. Principal Place of Business		3. Mailing Address	
157 E NEW ENGLAND AVE		SAME AS ABOVE	
Suite, Apt. #, etc.: 274		Suite, Apt. #, etc.	
City & State: WINTER PARK, FL		City & State	
Zip: 32789	Country: USA	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0433886 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IGBO-NWOKE, VICTOR N 1142 POINTE NEWPORT TERRACE #100 CASSELBERRY FL 32707	Name: N/A 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] VICTOR N. IGBO-NWOKE PRESIDENT 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGBO-NWOKE, VICTOR N 1142 POINTE NEWPORT TERRACE #100 CASSELBERRY FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: [signature] VICTOR N. IGBO-NWOKE 4/11/03 (407)383-0893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #