

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90139 045 ***150.00

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DOCUMENT # P02000116750

1. Entity Name
ENGINEERING PROCESS, INC.



Principal Place of Business
928 GOLDEN BEACH BLVD.
INDIAN HARBOUR BEACH FL 32937

Mailing Address
928 GOLDEN BEACH BLVD.
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business
185 Elm Ave
Suite, Apt. #, etc.

3. Mailing Address
185 Elm Ave
Suite, Apt. #, etc.

City & State
Satellite Beach, FL
Zip **32937** Country **US**

City & State
Satellite Beach, FL
Zip **32937** Country **US**

4. FEI Number
32-0039340

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ALRON ENTERPRISES, INC.
390 NARRAGANSETT STREET NE
PALM BAY FL 32907

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SCONE, THEODORE W 928 GOLDEN BEACH BLVD. INDIAN HARBOUR BEACH FL 32937	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/03 **321-223-8462**
Date Daytime Phone #

CR2E034 (10/02)