

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

04-23-2003 90632 001 ***793.75

DOCUMENT # P02000135547

1. Entity Name
MCCREE ARCHITECTS & ENGINEERS, INC.



Principal Place of Business
**500 E PRINCETON ST
ORLANDO FL 32803-1449**

Mailing Address
**500 E PRINCETON ST
ORLANDO FL 32803-1449**

55040798



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
22-3890102

Applied For
 Not Applicable

Zip Country

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

**MCCREE, RICHARD T SR
500 E PRINCETON ST
ORLANDO FL 32803-1449**

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 _____ 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
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	D <input type="checkbox"/> Delete
NAME	MCCREE, RICHARD T SR
STREET ADDRESS	500 E PRINCETON ST
CITY-ST-ZIP	ORLANDO FL 32803-1449
TITLE	D <input type="checkbox"/> Delete
NAME	MCCREE, RICHARD T JR
STREET ADDRESS	500 E PRINCETON ST
CITY-ST-ZIP	ORLANDO FL 32803-1449
TITLE	D <input type="checkbox"/> Delete
NAME	GAINES, RICHARD L
STREET ADDRESS	500 E PRINCETON ST
CITY-ST-ZIP	ORLANDO FL 32803-1449
TITLE	D <input type="checkbox"/> Delete
NAME	GRIFFIN, THOMAS F
STREET ADDRESS	500 E PRINCETON ST
CITY-ST-ZIP	ORLANDO FL 32803-1449
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, JAMES B
STREET ADDRESS	500 E PRINCETON ST
CITY-ST-ZIP	ORLANDO FL 32803-1449
TITLE	D <input type="checkbox"/> Delete
NAME	ROBERTSON, JOE O
STREET ADDRESS	500 E PRINCETON ST
CITY-ST-ZIP	ORLANDO FL 32803-1449

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date _____ Daytime Phone # _____

CR2E034 (10/02)