

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90003 039 ***150.00

B0021112



DO NOT WRITE IN THIS SPACE

DOCUMENT # P11179
 1. Entity Name
HUNTER ENGINEERS AND CONSTRUCTORS, INC.

Principal Place of Business SOUTH PORT RD. PORTAGE IN 46368	Mailing Address 6000 SOUTH PORT RD. PORTAGE IN 46368-6405
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 34-0861198	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE: *[Signature]* DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11												
<table border="1"> <tr> <td>TITLE</td> <td>AST</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMON, P C JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1695 GRAHAM DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CHESTERTON IN 46304</td> <td></td> </tr> </table>	TITLE	AST	<input type="checkbox"/> Delete	NAME	SIMON, P C JR		STREET ADDRESS	1695 GRAHAM DR		CITY-ST-ZIP	CHESTERTON IN 46304		SEE ATTACHED
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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: *[Signature]* **SIGNATURE REQUIRED** J. P. OSHINSKI 2/4/00 219-762-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)