

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90004 010 ***158.75

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1. Entity Name
ENGINEERED INDUSTRIAL PRODUCTS, INC.

Principal Place of Business 4355 DRANE FIELD ROAD LAKELAND FL 33811	Mailing Address P.O. BOX 7172 LAKELAND FL 33807
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3218270** 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

HODGE, THOMAS M
4355 DRANE FIELD ROAD
LAKELAND FL 33811

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MOORE, WILLIAM B		
4355 DRANE FIELD ROAD	LAKELAND FL 33811		
SD	ROTH, S. LEE		
4355 DRANE FIELD ROAD	LAKELAND FL 33811		
VD	CLYNE, JEFFREY A		
4355 DRANE FIELD ROAD	LAKELAND FL 33811		
TD	HODGE, THOMAS M		
4355 DRANE FIELD ROAD	LAKELAND FL 33811		

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: *Thomas M. Hodge* Date: 3/8/2001 Daytime Phone #: (863)646-1493

CR2E034 (10/00)