

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011186

1. Entity Name

APPLICATIONS ENGINEERING GROUP, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90072 036 ***150.00

Principal Place of Business

1200 MAYPORT ROAD
ATLANTIC BEACH FL 32233
US

Mailing Address

AEG
1200 MAYPORT ROAD
ATLANTIC BEACH FL 32233-3436
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3222293**

Applied For

Not Applicable

Zip

Country

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

HAKIM, TOUFIC M PH.D.
12643 EAST HIDDEN CIRCLE
JACKSONVILLE FL 32225

Name
ORION P. Keifer, P.E.

Street Address (P.O. Box Number is Not Acceptable)

105 Rita Rae Lane

City **Jacksonville Beach** **FL** Zip Code **32250**

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, typed or printed name of registered agent and title, if applicable.

(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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCEO ORIAN P. KEIFEN P.E. 105 RITA RAE LAINE JACKSONVILLE BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOUFIC M. HAKIM 30 TEABURY LANE NEWTON PA 18940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEILMANN, THOMAS C 36 DOLPHIN BLVD E PONTE VEDRA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCEO, ORION P. Keifer, P.E. 105 Rita Rae Lane Jacksonville Beach FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Corrections
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Toufic M. Hakim 30 Teabury Lane Newtown, PA 18940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition correction
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORION P. KEIFER

T/CEO

4/10/00

Date

904 249-1718

Daytime Phone #

CR2E034 (9/99)