

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90920 016 \*\*\*150.00

**DOCUMENT # P94000011186**

**1. Entity Name**  
**APPLICATIONS ENGINEERING GROUP, INC.**



**Principal Place of Business**  
**1200 MAYPORT ROAD**  
**ATLANTIC BEACH FL 32233**  
**US**

**Mailing Address**  
**1200 MAYPORT ROAD**  
**ATLANTIC BEACH FL 32233**  
**US**

**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** **59-3222293**

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**

**7. Name and Address of New Registered Agent**

**KEIFER, ORION P.E.**  
**105 RITA RAE LN**  
**JACKSONVILLE BEACH FL 32250**

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**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TCEO** ☐ Delete  
**NAME KEIFER, ORION P P.E.**  
**STREET ADDRESS 105 RITA RAE LAINE**  
**CITY-ST-ZIP JACKSONVILLE BEACH FL 32250**

**Vice President** ☒ Change ☐ Addition  
**NAME Heilmann, Thomas C.**  
**STREET ADDRESS 36 Dolphin Blvd. E**  
**CITY-ST-ZIP Ponte Vedra Beach, FL 32082**

**V** ☒ Delete  
**NAME TOUFIC M. HAKIM**  
**STREET ADDRESS 45 LAUREL CIRCLE**  
**CITY-ST-ZIP NEWTOWN PA 18940**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**T** ☐ Delete  
**NAME HEILMANN, THOMAS C**  
**STREET ADDRESS 36 DOLPHIN BLVD E**  
**CITY-ST-ZIP PONTE VEDRA BEACH FL 32082**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**S** ☐ Delete  
**NAME LAYSON, PETER D**  
**STREET ADDRESS 718 VECUNA RD.**  
**CITY-ST-ZIP ATLANTIC BEACH FL 32233**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ 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

Orion P. Keifer

4/11/02

904-249-1718

Date

Daytime Phone #

CR2E034 (10/02)