## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## FILED DOCUMENT # **P98000020773** Apr 25, 2000 8:00 am Secretary of State NEAL HILER ENGINEERING, INC. 04-25-2000 90063 033 \*\*\*150.00 Mailing Address Principal Place of Business 1415 WEST ST RD 434 1415 WEST ST RD 434 LONGWOOD FL 32750 LONGWOOD FL 32750-3847 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3495857 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILER, NEAL B Street Address (P.O. Box Number is Not Acceptable) 1415 WEST ST RD 434 LONGWOOD FL 32750 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE IS-\$150:00 -9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change **CPD** TITLE ☐ Delete TITLE NAME NAME HILER, NEAL B PE STREET ADDRESS STREET ADDRESS 1415 W. ST RD 434 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Addition ☐ Change TITLE VSTD ☐ Delete TITLE NAME NAME MORRIS, JUDY A STREET ADDRESS STREET ADDRESS 1415 W. ST RD 434 CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32750 ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP1 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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