

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000044728**

1. Entity Name

**CONSULTING ENGINEERING MANAGEMENT, INC.**

Principal Place of Business

**1751 TONTO TRAIL  
MAITLAND FL 32751**

Mailing Address

**1751 TONTO TRAIL  
MAITLAND FL 32751**

2. Principal Place of Business

**25 Schuler Lane**

Suite, Apt. #, etc.

3. Mailing Address

**25 SCHULER LANE**

Suite, Apt. #, etc.

City &amp; State

**LAKE KATRINE, NY**

City &amp; State

**LAKE KATRINE, NY**

Zip

**12449**

Country

Zip

**12449**

Country

**ULSTER**

6. Name and Address of Current Registered Agent

**SOMMERS, BERNARD D  
1751 TONTO TRAIL  
MAITLAND FL 32751**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GELLEN, RHODA S</b>	
STREET ADDRESS	<b>25 SCHULER LANE</b>	
CITY-ST-ZIP	<b>LAKE KATRINE NY 12449</b>	
TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>GELLEN, RHODA S</b>	
STREET ADDRESS	<b>25 SCHULER LANE</b>	
CITY-ST-ZIP	<b>LAKE KATRINE NY 12449</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Rhoda S. Gellen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/01**

Date

**(845) 382-1226**

Daytime Phone #

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90449 009 \*\*\*150.00

**00031942**

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2394354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

CR2E034 (10/00)