FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am DOCUMENT # S53630 **Secretary of State** 1. Entity Name **HUMISTON & MOORE ENGINEERS. P.A.** 07-31-2001 90233 033 ***550.00 Principal Place of Business Mailing Address 10661 AIRPORT RD. N. 10661 AIRPORT RD. N. STF 29 **STE 29** NAPLES FL 34109 NAPLES FL 34109 US US 2. Principal Place of Business 3. Mailing Address 5679 5679 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number <u>Japle</u> 65-0262357 FL <u>Jaoles</u> Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П 34110 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE BRETT Street Address (P.O. Box Number is Not Acceptable) 10661 AIRPORT RD N. STE 29 NAPLES FL 34109 8. The above named entity submits thi tetement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (5/01 NAME MOORE, BRETT NAME STREET ADDRESS 10661 AIRPORT RD N STE 29 STREET ADDRESS Strand Court CITY-ST-7IP NAPLES FL 34109 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME **HUMISTON, KEN** NAME STREET ADDRESS 10661 AIRPORT RD N STE 29 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP TITI F ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with the 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 frue and ascurate 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 add

ON NAME OF SIGNING OFFICER OR DIRECTOR

941-594-202