

2000 UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
May 11, 2000 8:00 am
Secretary of State

04-04-2000 90028 042 ***150.00

DOCUMENT # P99000015735

1. Entity Name

ALTUG CONSULTING ENGINEERS, INC.

Principal Place of Business

1315 FIDDLER AVE.
MERRITT ISLAND FL 32952

Mailing Address

1315 FIDDLER AVE.
MERRITT ISLAND FL 32952-5736

2. Principal Place of Business

165 EAST HALL RD.

Suite, Apt. #, etc.

3. Mailing Address

165 EAST HALL RD.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Merritt Island, FL

Zip

32953

Country

USA

Zip

32953

Country

USA

4. FEI Number

59-3562300

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTUG, NILGUN
1315 FIDDLER AVE.
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

ALTUG, NILGUN

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

165 EAST HALL RD.

City

Merritt Island,

FL

Zip Code

32953

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

NILGUN ALTUG

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

ALTUG

(NOTE: Registered Agent signature required when reinstating)

31 JAN 00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALTUG, NILGUN	
STREET ADDRESS	1315 FIDDLER AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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:

SIGNATURE REQUIRED NILGUN ALTUG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 JAN 00

Date

(321) 449-4042

Daytime Phone #