2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like ex-

IGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

SIGNATURE:

Mar 25, 2002 8:00 am § Secretary of State DOCUMENT # 214131 1. Entity Name 03-25-2002 90130 014 ***150 00 INDIAN RIVER ENGINEERING, INC. Principal Place of Business Mailing Address 846 BANYAN ROAD 846 BANYAN ROAD P O BOX 3220 P O BOX 3220 VERO BEACH FL 32964 VERO BEACH FL 32964 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0866644 Not Applicable Zip Country --Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYDER,E A Street Address (P.O. Box Number is Not Acceptable) 846 BANYAN RD VERO BEACH FL 32960 City Zip Code FL 6. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (9/01) TITLE Change ☐ Addition NAME RYDER EDGAR A NAME STREET ADDRESS 846 BANYAN RD STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-7IP TITLE STD Delete TITLE Change ☐ Addition RYDER, PAMELA A. NAME NAME STREET ADDRESS 846 BANYAN ROAD STREET ADDRESS CITY-ST-7IP VERO BEACH FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED