

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 295869

1. Entity Name

R P D ENGINEERING INC

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90027 006 ***150.00

Principal Place of Business

2133 W MCNAB RD
POMPANO BEACH FL 33069

Mailing Address

2133 W MCNAB RD
POMPANO BEACH FL 33069

604195



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1108343

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, M. CLYDE
10357 N.W. 5TH CT.
CORAL SPRINGS FL 33071

Name

M. Clyde Cox

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

2133 W. MCNAB RD

City

Pompano Beach

FL

Zip Code

33069

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

M. Clyde Cox

M. Clyde Cox

1/4/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS
NAME COX, A. ELAYNE ☐ Delete
STREET ADDRESS 2133 W MCNAB RD
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VP - Operations ☐ Change ☒ Addition
NAME VANESSA COX - BOOKOUT
STREET ADDRESS 2133 W MCNAB RD.
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE PTD
NAME COX, M. CLYDE ☐ Delete
STREET ADDRESS 2133 W MCNAB RD
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

M. Clyde Cox

M. CLYDE COX

1/4/01

954 970 6969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

013608

CR2E034 (10/00)