

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90280 001 ***635.00

DOCUMENT # 421811

1. Entity Name

BRPH ARCHITECTS ENGINEERS, INC.

Principal Place of Business

Mailing Address

**3275 SUNTREE BLVD.
 MELBOURNE FL 32940-4599**

**3275 SUNTREE BLVD.
 MELBOURNE FL 32940-4599**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1447471

Applied For

Not Applicable

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

**SHAW, LAWRENCE M
 4390 STILLWATER DR
 MERRITT ISLAND FL 32952**

Name **LAURENCE M. SHAW**

Street Address (P.O. Box Number is Not Acceptable)
3275 SUNTREE BLVD

City **MELBOURNE**

FL

Zip Code **32940**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIMPERS, M.R.	
STREET ADDRESS	3595 JAMES RD	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIEL, ERNEST M. JR.	
STREET ADDRESS	401 ROXY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIFFORD, SUSAN B.	
STREET ADDRESS	910 DELTA WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNIDER, MAX E.	
STREET ADDRESS	547 DEERFIELD DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHAW, LAWRENCE M.	
STREET ADDRESS	4390 STILLWATER DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THRON, RANDALL E	
STREET ADDRESS	457 BLUFF DRIVE	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD H. JOLLEY	
STREET ADDRESS	3275 SUNTREE BLVD	
CITY-ST-ZIP	MELBOURNE FL 32940	
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
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: *Susan B. Gifford* **SUSAN B. GIFFORD** *4/30/01* **321-254-7666**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)