

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am Secretary of State

05-22-2001 90625 021 ***150.00

DOCUMENT # 558109

1. Entity Name

SOUTH EAST FLORIDA ENGINEERING, INC.

Principal Place of Business **Mailing Address**

4894 RIVER BASIN DR N
JACKSONVILLE, FL 32207

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. c/o MITCHELLE HOLLAND
Suite, Apt. #, etc. 2340 Ocean Forest Dr W
City & State City & State
ATLANTIC BCH, FL 32233

553131

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

JUDD, FREDERICK V.H.
4894 RIVER BASIN DR N
JACKSONVILLE, FL 32207

4. FEI Number **Applied For**

58-1313926 Not Applicable

8. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Frederick V.H. Judd* **DATE** 4-27-01

Signature, typed or printed name of registered agent and FEI's applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	JUDD, FREDERICK V.H.
STREET ADDRESS	4894 RIVER BASIN N
CITY - ST - ZIP	JACKSONVILLE, FL 32207
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
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: *Frederick V.H. Judd* **DATE:** 4-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NO CHANGES

CR2034 (11/00)