## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 625775** May 15, 2000 8:00 am 1. Entity Name **Secretary of State** RIDDLE - NEWMAN ENGINEERING, INC. 05-15-2000 90296 014 \*\*\*150.00 Principal Place of Business Mailing Address 1501 AKRON DRIVE RIDDLE-NEWMAN ENG INC LEESBURG FL 34748 P.O. BOX 490264 US LEESBURG FL 34748-5201 2. Principal Place of Business 3. Mailing Address 115 N. Canal Street Suite, Apt. #, etc. <u> 115 N. Canal Street</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1920043 Not Applicable Leesburg. Florida Leesburg, Florida <sup>Zip</sup>34748 \$8.75 Additional 34748 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, RANTSON E. Street Address (P.O. Box Number is Not Acceptable) 1321 W. CITIZENS BLVD. STE. F LEESBURG FL 32748 Zip Code submits this stateme or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entited SIGNATURE d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ⟨X¹ Change | Cha ☐ Addition ☐ Delete TITLE TITLE RIDDLE, JANET B. NAME NAME RIDDLE, Janet B. 115 N. Canal Street Leesburg, FL 34748 1501 AKRON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL CITY-ST-ZIP PTD Change ☐ Addition ☐ Delete TITLE TITLE RIDDLE, Keith E. 115 N. Canal Street Leesburg, FL 34748 RIDDLE, KEITH E. NAME STREET ADDRESS 1501 AKRON DR STREET ADDRESS LEESBURG FL CITY-ST-ZIP CITY-ST-7IP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

IE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: