

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90101 047 \*\*\*158.75

**DOCUMENT # 638195**

1. Entity Name

**BCI ENGINEERS & SCIENTISTS, INC.**

Principal Place of Business

**2000 E EDGEWOOD DR  
SUITE 215  
LAKELAND FL 33803  
US**

Mailing Address

**P O BOX 5467  
LAKELAND FL 33807  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1938287**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****VINING, C. GEOFFREY P.A.  
129 S KENTUCKY AVE  
STE 702  
LAKELAND FL 33801****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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, 2002 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****VT** ☒ Delete  
NAME **ERICSON, WAYNE A.**  
STREET ADDRESS **5150 EWING ROAD**  
CITY-ST-ZIP **BARTOW FL 33830**☐ Delete  
NAME **PDS**  
STREET ADDRESS **POWERS, RICHARD M**  
CITY-ST-ZIP **6003 IRBY LANE WEST  
LAKELAND FL 33811**☐ Delete  
NAME **V**  
STREET ADDRESS **LEE, WENDY A**  
CITY-ST-ZIP **4227 LAKE MARIANNA DRIVE NW  
WINTER HAVEN FL 33881**☒ Delete  
NAME **V**  
STREET ADDRESS **RUDD, MICHAEL T**  
CITY-ST-ZIP **1210 BAHAMA DRIVE  
ORLANDO FL 32806**☐ Delete  
NAME **V**  
STREET ADDRESS **REIGNER, WALTER R**  
CITY-ST-ZIP **1672 GAMEWELL TRAIL  
LAKELAND FL 33809**☐ Delete  
NAME **V**  
STREET ADDRESS **JARRAH, LAURIE**  
CITY-ST-ZIP **5444 HIGHLANDS VUE LANE  
LAKELAND FL 33813****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☒ Change ☐ Addition  
NAME **VT**  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☒ Addition  
NAME **McKay, Collins K.**  
STREET ADDRESS **1417 Cumble Avenue**  
CITY-ST-ZIP **Orlando, FL 32804**☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Bromwell, Leslie**  
CITY-ST-ZIP **530 Hillside Drive  
Auburndale, FL 33823**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Powers

2/13/2002 863-667-2345

Daytime Phone #

CR2E034 (9/01)