2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90123 036 ***158.75

DOCUMENT # 638195

1. Entity Name
BCI ENGINEERS & SCIENTISTS, INC.

Principal Place of Business	Mailing Address
2000 E EDGEWOOD DR SUITE 215 LAKELAND FL 33803 US	P O BOX 5467 LAKELAND FL 33807 US

☐ CHECK HERE IF MAKING CHANGES

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 59-1938287 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VINING, C. GEOFFREY P.A. 129 S KENTUCKY AVE STE 702 LAKELAND FL 33801	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS POWERS, RICHARD M 6003 IRBY LANE WEST LAKELAND FL 33811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT LEE, WENDY A 4227 LAKE MARIANNA DRIVE NW WINTER HAVEN FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 2117 Edgewater Circle Winter Haven, FL 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCKAY, COLLINS K 1417 CUMBLE AVENUE ORLANDO FL 32804	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REIGNER, WALTER R 1672 GAMEWELL TRAIL LAKELAND FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JARRAH, LAURIE 5444 HIGHLANDS VUE LANE LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bromwell, Leslie E22 Country Club Village Lake Wales, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bromwell, Leslie E22 Country Club Village Lake Wales, FL 33898 ☐ Change XX Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard M Powers 1-10-03 863-667-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)