2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am Secretary of State **DOCUMENT # 659174** 1. Entity Name ENGINEERING SPECIALISTS, INC. 03-13-2001 90314 043 ***158.75 Mailing Address Principal Place of Business 3773 CENTRAL AVER., STE. 020 3773 CENTRAL AVER., STE. 020 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1979405 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINEBRENNER, JACK M. Street Address (P.O. Box Number is Not Acceptable) 3773 CENTRAL AVE. ST. PETESBURG FL 33713 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11 ☐ Addition Change ☐ Delete TITLE PTD TITLE NAME NAME DALY, RICHARD J JR. STREET ADDRESS STREET ADDRESS **5016 KINGSLEY** CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL ☐ Addition TITLE TITLE □ Delete NAME NAME DALY, MARGARET A. STREET ADDRESS STREET ADDRESS 5016 KINGSLEY CITY-ST-ZIP CITY-ST-ZIE NORTH PORT FL ☐ Change ☐ Addition Delete --TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE

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 place like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

RICHARD J DALY IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR