2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State DOCUMENT # 667929 1. Entity Name 02-27-2002 90188 001 *****8.75 VAN HOOSER ENGINEERING, PLANS AND SURVEYING, INC 02-27-2002 90188 002 ***150.00 Mailing Address Principal Place of Business 250 CHERRY AVE 250 CHERRY AVE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1982479 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VANHOOSER, JR., JOHN C. Street Address (P.O. Box Number is Not Acceptable) 250 CHERRY AVENUE MERRITT ISLAND FL Zip Code City 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 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. ☐ Addition ☐ Chance TITLE TITLE Detete NAME NAME VANHOOSER.JR., JOHN C. STREET ADDRESS STREET ADDRESS 250 CHERRY AVENUE MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE VD NAME NAME VANHOOSER, JOHN PATRICK STREET ADDRESS STREET ADDRESS 615 MIRIAM LANE CITY-ST-ZIP CITY-ST-ZIP **LUSBY MD 20657** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME vanhooser. Teresa STREET ADDRESS STREET ADDRESS 250 CHERRY AVENUE CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 Change Addition ☐ Delete TITLE TITLE NAME NAME MCILVAIN, WILLIAM STREET ADDRESS STREET ADDRESS 3008 UNITY TREE DRIVE CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

DIRECTOR

changed, or on an attachmer

SIGNATURE:

8-02 321-452-1875

Date Daytime Phone #

FILED