

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90004 031 \*\*\*158.75

**DOCUMENT # 687241****1. Entity Name****LOCHRANE ENGINEERING INCORPORATED****Principal Place of Business**201 S. BUMBY AVE.  
ORLANDO FL 32803**Mailing Address**201 S. BUMBY AVE.  
ORLANDO FL 32803**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** 59-2036861

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****LOCHRANE, THOMAS G**  
112 LIVE OAK LANE  
ALTAMONTE SPRINGS FL 32714**7. Name and Address of New Registered Agent**

Name

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

201 S BUMBY AVENUE

City ORLANDO FL

FL

Zip Code  
32803**B. 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, 2001 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**

TITLE	P	<input type="checkbox"/> Delete
NAME	LOCHRANE, THOMAS G	
STREET ADDRESS	228 LIVE OAK LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOCHRANE, ROBERT J	
STREET ADDRESS	1609 EAGLE NEST CIRCLE	
CITY-ST-ZIP	WINTER SPGS. FL 32708	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	MONTALTO, JOSEPH	
STREET ADDRESS	309 SE SEVENTH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	PITCHFORD, R. MARK	
STREET ADDRESS	10310 ST IVES CT	
CITY-ST-ZIP	ORLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVP	
STREET ADDRESS	Michael J Cavaliere	
CITY-ST-ZIP	201 S Bumby Avenue Orlando FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 addendum with all other like empowered.****SIGNATURE:**

Thomas G Lochrane

4/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)