

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744026

1. Entity Name

ENGINEERS OF CAPE CORAL, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90023 018 \*\*\*\*61.25

Principal Place of Business

1304 SE 22ND TERR  
CAPE CORAL FL 33990  
US

Mailing Address

11860 PRINCESS GRACE CT  
CAPE CORAL FL 33991-7509  
US

2. Principal Place of Business

1304 SE 22nd Terr-  
Suite, Apt. #, etc.

3. Mailing Address

4012 S.E. 19th Ave.  
Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

59-2442065

Applied For

☒ Not Applicable

Zip

33990

Country

FL USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INNIS, F. B.  
11860 PRINCESS GRACE CT  
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name  
Grant H. Arrasmith

Street Address (P.O. Box Number is Not Acceptable)  
4012 S.E. 19th Ave, Apt C203

City  
Cape Coral

FL

Zip Code  
33904

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 Grant H. Arrasmith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 30, 2000

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	INNIS, F.B.	
STREET ADDRESS	11860 PRINCESS GRACE CT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	Director	<input type="checkbox"/> Delete
NAME	SMITH, BRUCE	
STREET ADDRESS	919 SE 26TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	CARD, P	
STREET ADDRESS	1304 SE 22ND TERR	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAFER, ROBERT	
STREET ADDRESS	206 SW 46TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	MCGRATH, WILLIAM	
STREET ADDRESS	215 S.E. 14TH COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	Director	<input type="checkbox"/> Delete
NAME	CAMP, JOHN	
STREET ADDRESS	2305 SE 27TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grant H. Arrasmith	
STREET ADDRESS	4012 S.E. 19th Ave, Apt C203	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Smith	
STREET ADDRESS	919 S.E. 26th Terrace	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Sundblad	
STREET ADDRESS	5205 Savoy Court	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Kenneke	
STREET ADDRESS	841 Monticello Court	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Sho	
STREET ADDRESS	4306 S.E. 12th Av. Cpcr	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Camp	
STREET ADDRESS	2305 S.E. 27th St.	
CITY-ST-ZIP		

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 617, 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:

Grant H. Arrasmith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)