

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90716 040 \*\*\*\*61.25

**DOCUMENT # 744026**

1. Entity Name

**ENGINEERS OF CAPE CORAL, INC.**

Principal Place of Business

Mailing Address

1304 SE 22ND TERR  
CAPE CORAL FL 33990  
US

4012 SE 19 AVENUE  
APT. C203  
CAPE CORAL FL 33904  
US

2. Principal Place of Business

1304 S.E., 22nd Terr.

3. Mailing Address

4012 SE. 19th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. C203

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33990

Country

FL USA

Zip

33904

Country

4. FEI Number

59-2442065

Applied For

☒ Not Applied

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARRASMITH, GRANT H  
4012 SE 19 AVENUE  
APT C-203  
CAPE CORAL FL 33904

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)

May 1, 2002

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* ☐ Delete  
NAME ARRASMITH, GRANT H  
STREET ADDRESS 4012 SE 19TH AVE APT C203  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE *Director* ☐ Delete  
NAME SMITH, BRUCE  
STREET ADDRESS 919 SE 26TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE *President* ☒ Delete  
NAME HEWTON, THOMAS  
STREET ADDRESS 2612 SW 25TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE *Director* ☐ Delete  
NAME KENNEKE, GEORGE  
STREET ADDRESS 841 MONTICELLO COURT  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE *Secretary* ☒ Delete  
NAME GEIL, WILLIAM J  
STREET ADDRESS 3760 DOWNWIND LANE  
CITY-ST-ZIP N FORT MYERS FL 33917

TITLE *Director* ☐ Delete  
NAME CARD, SAMUEL P  
STREET ADDRESS 1304 SE 22ND TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *Treasurer* ☐ Change ☐ Addition  
NAME Grant H. Arrasmith  
STREET ADDRESS 4012 S.E. 19th Ave., Apt. C203  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE *Director* ☐ Change ☐ Addition  
NAME Bruce Smith  
STREET ADDRESS 919 SE 26th Terrace  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE *President* ☐ Change ☐ Addition  
NAME Robert A. Koenig  
STREET ADDRESS 432 SW 20th St  
CITY-ST-ZIP CAPE CORAL FL 33992

TITLE *Director* ☐ Change ☐ Addition  
NAME George Kenneke  
STREET ADDRESS 841 Monticello Court  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE *Secretary* ☐ Change ☐ Addition  
NAME Gary G. Vargas  
STREET ADDRESS 1431 MARQUITA AVE  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE *Director* ☐ Change ☐ Addition  
NAME Samuel P. Card  
STREET ADDRESS 1304 S.E. 22nd Terrace  
CITY-ST-ZIP CAPE CORAL FL 33990

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* May 1, 2002 (239) 945 0466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #