2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 18, 2002 8:00 am § F01000004532 DOCUMENT # **Secretary of State** 1. Entity Name COMPUTERIZED ENGINEERING, INCORPORATED 03-18-2002 90041 006 ***158.75 Mailing Address Principal Place of Business 11106 LEADBETTER RD 11106 LEADBETTER RD ASHLAND VA 23005 ASHLAND VA 23005 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 54-1382987 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAW, VICKIE A Street Address (P.O. Box Number is Not Acceptable) 612 S GREENWOOD AVE **CLEARWATER FL 33756** Zio 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition TITLE Change TITLE □ Delete NAME DURANT, DALE N PE NAME STREET ADDRESS 8485 STUMPY RD STREET ADDRESS CITY-ST-7IP HANOVER VA 23069 CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME COLLINS, DONALD C PE NAME STREET ADDRESS STREET ADDRESS **602 LAKECAROLINE DR** CITY-ST-ZIP CITY-ST-ZIP **RUTHER GLEN VA 22546** Change ☐ Addition TITLE ☐ Delete TITLE NAME DURANT, WANDA C NAME STREET ADDRESS STREET ADDRESS 8485 STUMPY RD CITY-ST-7IP CITY-ST-ZIP HANOVER VA 23069 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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