

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90503 047 \*\*\*158.75

**DOCUMENT # F02000005298**

1. Entity Name  
**WBRC ARCHITECTS/ENGINEERS, INC.**



Principal Place of Business  
**44 CENTRAL STREET  
BANGOR ME 04401**

Mailing Address  
**44 CENTRAL STREET  
BANGOR ME 04401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0381987**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITNEY, DOUGLAS  
6151 LAKE OSPREY DRIVE 3RD FL  
SARASOTA FL 34240**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROHMAN, JOHN M	
STREET ADDRESS	44 CENTRAL STREET	
CITY-ST-ZIP	BANGOR ME 04401	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CZARNIECKI, MICHAEL L	
STREET ADDRESS	44 CENTRAL STREET	
CITY-ST-ZIP	BANGOR ME 04401	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, STEPHEN B	
STREET ADDRESS	44 CENTRAL STREET	
CITY-ST-ZIP	BANGOR ME 04401	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROMLEY, ALAN C	
STREET ADDRESS	44 CENTRAL STREET	
CITY-ST-ZIP	BANGOR ME 04401	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKAY, DANIEL G	
STREET ADDRESS	80 EXCHANGE ST.	
CITY-ST-ZIP	BANGOR ME 04401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITNEY, DOUGLAS	
STREET ADDRESS	6151 LAKE OSPREY DRIVE 3RD FL	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PULLEN, MICHAEL	
STREET ADDRESS	44 CENTRAL ST.	
CITY-ST-ZIP	BANGOR, ME 04401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK, ROBERT	
STREET ADDRESS	44 CENTRAL ST.	
CITY-ST-ZIP	BANGOR, ME. 04401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLLINS, RICHARD	
STREET ADDRESS	44 CENTRAL ST.	
CITY-ST-ZIP	BANGOR, ME 04401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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:

*Alan C. Bromley* **ALAN C. BROMLEY** 2/26/03 207-947-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)