

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F22258**

1. Entity Name  
**CPH ENGINEERS, INC.**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90013 036 \*\*\*158.75

Principal Place of Business

**500 W. FULTON ST.  
SANFORD FL 32771-1220  
US**

Mailing Address

**P.O. BOX 2808  
SANFORD FL 32772-2808  
US**

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 **59-2068806**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GIERACH, DAVID A  
652 BLUEBIRD COURT  
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **GIERACH, DAVID A**  
STREET ADDRESS **652 BLUEBIRD COURT**  
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Crumbley, Loy L.**  
STREET ADDRESS **370 Foxhill Drive**  
CITY-ST-ZIP **DeBary, FL 32713**

TITLE **VD** ☒ Delete  
NAME **PORTER, PAUL E.**  
STREET ADDRESS **2118 PARK AVE.**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **V** ☒ Change ☐ Addition  
NAME **Holmes, William R.**  
STREET ADDRESS **543 Cornwall Road**  
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **VD** ☐ Delete  
NAME **HOLMES, WILLIAM R.**  
STREET ADDRESS **543 CORNWALL**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **V** ☐ Change ☒ Addition  
NAME **Bowman, N. Katriina**  
STREET ADDRESS **110 Cedarwood Circle**  
CITY-ST-ZIP **Longwood, FL 32570**

TITLE **STD** ☐ Delete  
NAME **GARDNER, LINDA M.**  
STREET ADDRESS **108 MAPLEWOOD DR.**  
CITY-ST-ZIP **SANFORD FL**

TITLE **V** ☐ Change ☒ Addition  
NAME **Sutch, Peter-John F.**  
STREET ADDRESS **1016 Bartlett Court**  
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **VD** ☐ Delete  
NAME **ZAUDTKE, TERRY M.**  
STREET ADDRESS **157 MILLS RUN DR.**  
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **V** ☐ Change ☒ Addition  
NAME **Olszewski, Wade P.**  
STREET ADDRESS **125 37th Avenue, South**  
CITY-ST-ZIP **Jacksonville, FL 32250**

TITLE **VD** ☐ Delete  
NAME **KHOSRAVANI, KAMRAN**  
STREET ADDRESS **1724 CEDARSTONE COURT**  
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE: *Linda M. Gardner* **Linda M. Gardner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/01  
Date

407/322-6841  
Daytime Phone #

CR2E034 (10/00)