

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90134 013 \*\*\*158.75

**DOCUMENT # F22258**

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



**Principal Place of Business**  
**500 W. FULTON ST.**  
**SANFORD FL 32771-1220**  
**US**

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

**2. Principal Place of Business**

**3. Mailing Address**  
**P.O. Box 2808**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Sanford, FL**

**4. FEI Number**  
**59-2068806**

Applied For  
Not Applicable

Zip

Country

Zip  
**32772-2808**

Country  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GIERACH, DAVID A**

**466 WOLDUNN CIRCLE**

**LAKE MARY FL 32746**

**466 Woldunn Circle**

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** PD ☒ Change ☐ Addition  
**NAME** Gierach, David A.  
**STREET ADDRESS** 466 Woldunn Circle  
**CITY-ST-ZIP** Lake Mary, FL 32746

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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**

**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:** *Linda M. Gardner* **SIGNATURE REQUIRED** Linda M. Gardner, Sec. Treas. 407/322-6841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
01/10/2003

Daytime Phone #

CR2E034 (10/02)