

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90085 047 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F50668**  
 1. Entity Name  
**TSC ENGINEERING INC.**



70026900

Principal Place of Business  
 16758 66TH CT N  
 LOXAHATCHEE, FL 33470

Mailing Address  
 P.O. BOX 773701  
 BOCA RATON, FL 33427



2. Principal Place of Business  
**16821 92 Lane N.**

3. Mailing Address  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Loxahatchee, FL**

City & State

4. FDI Number

Applied For  
 Not Applicable

Zip  
**33470**

Country  
**USA**

5. Certificate of Status Declared  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CRAVEN, TYSON S  
 16758 66TH CT N  
 LOXAHATCHEE, FL 33470**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
**16821 92 Lane N.**  
 City  
**Loxahatchee** FL Zip Code  
**33470**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when submitting)



9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	<b>CRAVEN, TYSON S</b>		
STREET ADDRESS	<b>2776 N.W. 29TH PLACE</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>FT. LAUDERDALE, FL 33311</b>	CITY-STATE-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 persons covered.

SIGNATURE: Tyson S Craven Mar. 8, 2003 (954) 731-2561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE034 (10/02)