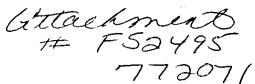
2001 UNIFORM BUSINESS REPORT (UBR)

May 31, 2001 8:00 am § Secretary of State **DOCUMENT # F52495** 05-31-2001 90002 029 ***150.00 COPELAND CONSULTING ENGINEERS INC. Principal Place of Business Mailing Address 2012 LEE AVE P OBOX 4123 BAVIA P.O. BOX 4123 P.O. BOX 4123 TALLAHASSEE FL 32312 TALLAHASSEE FL 32315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2134304 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COPELAND, DAWSON M Street Address (P.O. Box Number is Not Acceptable) COPELAND CONS. ENGRS, INC. 2012 LEE AVE., P.O. BOX 4123 TALLAHASSEE FL 32315 City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2()1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CH2E034 (10/00) Addition TITLE ☐ Delete TITLE Change COPELAND, DAWSON M NAME NAME STREET ADDRESS 2012 LEE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Addition TITLE ☐ Delet TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 it is 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 is 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 given like ampowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP





OPELAND CONSULTING ENGINEERS, INC.

D.M. COPELAND, P.E. / STRUCTURAL

To: Rept of State

UBR 2001

I did not viewe this until yesterday.

I don't know why.

I am sending a check for \$150,00, hoping for some relief.

In this is not satisfactory, please return the check, and I will re- weosporato,

Thank you for the Consideration. 6 m Copeland

Telephone: (850) 385-6820 FAX:

(850) 385-6820