

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91474 049 \*\*\*150.00

**DOCUMENT # F86763**

1. Entity Name

**PATRICK JAMES ENGINEERING, INC.**

Principal Place of Business

**PO BOX 210307  
 WEST PALM BCH. FL 33414-7904**

Mailing Address

**PO BOX 210307  
 WEST PALM BCH. FL 33414-7904**

2. Principal Place of Business

3. Mailing Address

**PO BOX 13180**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**North Palm Bch**

4. FEI Number

**65-0109041**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33408 Palm Bch**

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

**MCCLUNG, MICHAEL M.  
 PO BOX 210307  
 7 SAINT GILES RD  
 PALM BEACH GARDENS FL 33418**

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, 2002 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 ☐ Delete  
 NAME **PS**  
 STREET ADDRESS **MCCLUNG, MICHAEL M.**  
 CITY-ST-ZIP **7 ST GILES RD  
 PALM BEACH GARDENS FL 33418**

TITLE ☒ Change ☐ Addition  
 NAME **2565 Natures Way**  
 STREET ADDRESS **Palm Bch Gardens Fla 33410**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VT**  
 STREET ADDRESS **MCCLUNG, JOSEPH P.**  
 CITY-ST-ZIP **5845 COPPERCANYON DRIVE  
 THE COLONY TX 75056**

TITLE ☒ Change ☐ Addition  
 NAME **2409 Alta Monte Drive**  
 STREET ADDRESS **Cedar Park, Texas 78613**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)