

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90051 040 ***150.00

UBR 1-033 AI

DOCUMENT # F95000000792

1. Entity Name

SHOOLBRED ENGINEERS, INC.

Principal Place of Business

**P.O. BOX 831
 CHARLESTON SC 29402**

Mailing Address

**P.O. BOX 831
 CHARLESTON SC 29402**

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

57-0566114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SHOOLBRED, ROBERT A	
STREET ADDRESS	1195 AMBLING WAY	
CITY-ST-ZIP	MT. PLEASANT SC 29464	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM K	
STREET ADDRESS	5 COCHRAN COURT	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	STELLING, JAMES M	
STREET ADDRESS	221 WANDOLER DR	
CITY-ST-ZIP	MT PLEASANT SC	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MOORE, JOHN M JR	
STREET ADDRESS	49 PARKWOOD AVE.	
CITY-ST-ZIP	CHARLESTON SC 29403	
TITLE	DC	<input type="checkbox"/> Delete
NAME	USSERY, D W	
STREET ADDRESS	3205 CARMEL BAY DR.	
CITY-ST-ZIP	MOUNT PLEASANT SC 29464	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, JAMES C	
STREET ADDRESS	1890 MILFORD STREET	
CITY-ST-ZIP	CHARLESTON SC	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert A. Shoalbred Robert A. Shoalbred
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02
 Date

(843) 577-4681
 Daytime Phone #

CR2E034 (9/01)