

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002631

1. Entity Name

HARWOOD ENGINEERING CONSULTANTS, LTD., INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90160 035 ***150.00

Principal Place of Business

Mailing Address

7720 HARWOOD AVE.
MILWAUKEE WI 53213

7720 HARWOOD AVE.
MILWAUKEE WI 53213-2611

2. Principal Place of Business

7420 West State St.

Suite, Apt. #, etc.

3. Mailing Address

7420 West State St.

Suite, Apt. #, etc.

City & State

Milwaukee Wisc.

City & State

Milwaukee, Wisc

Zip

53213

Country

Zip

53213

Country

4. FEI Number

39-1498508

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 PD ☐ Delete
NAME HO, DANNY
STREET ADDRESS W148 N10224 WINDSONG
CITY-ST-ZIP GERMANTOWN WI 53022

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

TITLE V ☐ Delete
NAME LEX, ROBERT J
STREET ADDRESS 920 OLD TOWER RD.
CITY-ST-ZIP OCONOMOWOC WI 53066

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

TITLE ST ☐ Delete
NAME POWELL, JOANN
STREET ADDRESS 447 N. STORY PKY.
CITY-ST-ZIP MILWAUKEE WI 53208

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

TITLE VD ☐ Delete
NAME KORNITZ, BRUCE
STREET ADDRESS 6568 N. BETHMAUR
CITY-ST-ZIP GLENDALE WI 53209

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

TITLE D ☐ Delete
NAME BRUST, ROBERT J
STREET ADDRESS W141 N7558 LARI-LOU DR.
CITY-ST-ZIP MENOMONEE FALLS WI 53051

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

TITLE VP ☐ Delete
NAME ETTMAYER, CONRAD
STREET ADDRESS S12 W31664 GLACIER PASS
CITY-ST-ZIP DELAFIELD WI 53018

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:

Danny Ho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2000 414.475.5554
Date Daytime Phone #

CR2E034 (9/99)