

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004499

1. Entity Name

ENGINEERING SOLUTIONS, INC. OF VIRGINIA

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90002 031 \*\*\*150.00

Principal Place of Business

Mailing Address

~~510 S. INDEPENDENCE BLVD. STE 102~~  
~~VIRGINIA BEACH VA 23452~~

~~510 S. INDEPENDENCE BLVD. STE 102~~  
~~VIRGINIA BEACH VA 23452-1155~~

242 Mustang Trail SE1  
VIRGINIA BEACH, VA 23452

242 MUSTANG TRAIL  
SUITE 1  
VIRGINIA BEACH, VA 23452

2. Principal Place of Business

3. Mailing Address

242 MUSTANG TRAIL  
Suite, Apt. #, etc.  
Suite 1

242 MUSTANG TRAIL  
Suite, Apt. #, etc.  
Suite 1

City & State  
VIRGINIA BEACH, VA

City & State  
VIRGINIA BEACH, VA

Zip  
23452

Country  
USA

Zip  
23452

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1757511

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

BIELENBERG, ALBERT E  
3200 PORT ROYALE DR., N.  
UNIT #812  
FT LAUDEDALE FL 33308

Name  
Albert E. Bielenberg  
Street Address (P.O. Box Number is Not Acceptable)  
104 Riverside Drive  
Unit C-305  
City Cocoa FL Zip Code 32922

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

*Albert E. Bielenberg*

*April 26, 2000*

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          | PCTD                    | <input type="checkbox"/> Delete |
| NAME           | ANDERSON, ELIZABETH J   |                                 |
| STREET ADDRESS | 751 SUFFOLK LANE        |                                 |
| CITY-ST-ZIP    | VIRGINIA BEACH VA 23452 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| 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:

*Elizabeth J. Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(757) 306-0922

CR2E034 (9/99)