

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90273 042 ***550.00

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DOCUMENT # F95000005065

1. Entity Name
PCA ENGINEERING, INC.

Principal Place of Business
430 MONTCLAIR AVE
POMPTON LAKES NJ 07442

Mailing Address
430 MONTCLAIR AVE
POMPTON LAKES NJ 07442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1688452**

Applied For
 Not Applicable

Zip Country

Zip Country

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

~~PHILLIPS, WALTER~~
543 59TH WAY
S. ST PETERSBURG FL 33707

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P KOPUT, DAN**
 STREET ADDRESS **835 SOUTH MAIN ST**
 CITY-ST-ZIP **WATERBURY CT 06706**

TITLE Change Addition
 NAME **PRESIDENT**
 STREET ADDRESS **KOGUT, DANIEL**
 CITY-ST-ZIP **937 SOUTH MAIN ST. PLANTSVILLE, CT 06479**

TITLE Delete
 NAME **V RUECKEL, JOHN**
 STREET ADDRESS **39 ORCHARD STREET**
 CITY-ST-ZIP **HAMBURG NJ 07419**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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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: *John R. Rueckel* **STATUTORY REQUIRED** **JOHN R. RUECKEL** **8/15/01** **973-616-4501**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)