## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9600000943 Mar 09, 2000 8:00 am **Secretary of State** THE ENGINEERING GROUP, INC. 03-09-2000 90096 016 \*\*\*150.00 Principal Place of Business Mailing Address 3535 WINJAMMER CIRCLE, UNIT #2004 3535 WINJAMMER CIRCLE, UNIT #2004 NAPLES FL 34112 NAPLES FL 34112 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 38-2893400 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRUGGEL, GEORGE F P.E. Street Address (P.O. Box Number is Not Acceptable) 3535 WINJAMMER CIRCLE, UNIT #2004 NAPLES FL 34112 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVST** ☐ Change ☐ Addition TITLE ☐ Delete TITLE KRUGGEL, GEORGE F P.E. NAME NAME STREET ADDRESS 3535 WINJAMMER CIRCLE, UNIT #2004 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F TIT! F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND OPEN OR PRINTED MAME OF SIGNAL SEFIGER OR DIRE

Delete

3-6-2000

(941)659-6333

Daytime Phone

☐ Change

☐ Addition