2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F96000004326 **DOCUMENT #**

1. Entity Name

C & S ENGINEERS, INC.



Mar 18, 2003 8:00 am Secretary of State 03-18-2003 90067 025 ***150.00 **FILED**

Marting Address STRAIGUSE IN 17322 979 G.J. E. Kee Collins Blus STRAIGUSE IN 17322 2. Principal Place of Business STRAIGUSE IN 17323 3. Maining Address City & State A. FEI Number 135318940 Address of Norw Registered Agent Name Name Name Name Address of Norw Registered Agent Name Stroot Accress (FO. Box Number is Not Accresibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accresibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accresibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accresibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accresibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code City FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code City FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code City FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Code Stroot Accress (FO. Box Number is Not Accressibility) FL. Zip Cod						OD WE T						
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		ertify that the information supplied	with this filing	does not qualify for t			d in Section	119.07(3)(j). Florida Statutes, Lfui	ther certif	v that the i	nformation	

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 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.

SIGNATURE:

Daytime Phone #