## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1299 WEST FAIRBANKS AVE. SUITE B

## F96000006369 DOCUMENT #

1. Entity Name

Principal Place of Business

1299 WEST FAIRBANKS AVE. SUITE B

ENGINEERING SERVICES GROUP, INC.



Mar 24, 2003 8:00 am & Secretary of State
03-24-2003 90225 031 \*\*\*150.00 **FILED** 

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2. Principal Place of Business 12.99 W. Fair Floan (*S. Av. Business   Surie, Apt. #, atc.	WINTER PARK	C FL 32789 WINTER PARK FL 32789													
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City & State  Wind fee Part F / City & State  Wind fee Part F / City & State  Wind fee Part F / City & State  Country Signature  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SMITH, JAMES L  Street Addrass (P.O. Box Number is Not Acceptable)  City FL Zip Code  STREAMORS AVE. SUITE B  WINTER PARK FL 32789  City FL Zip Code  City FL Zip Code  STREAMORS AVE. SUITE B  Winter May 1, 2003 Fee will be \$550.00  If After May 1, 2003 Fee will b			an roanns mu		e. Ant. #. etc.				ન <u> </u>						
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S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Street Address (P.O. Box Numbor is Not Acceptable)  Street Address (P.O. Box Numbor is Not Acceptable)  City  FL  Zip Code  8. The above named certity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent.  SIGNATURE  Signature  Fee Required  Name  Name  Street Address (P.O. Box Numbor is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Numbor is Not Acceptable)  Street Address (P.O. Box Numbor is Not Acceptable)  Difference of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or both, in the State of Florida. I am familiar with, and accept the child patient of registered agent, or registered agent, or bo			Park, Fl	City	City & State				50-2401202						
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SMITH, JAMES L 1299 W. FAIRBANKS AVE. SUITE B WINTER PARK FL 32789  City FL Zip Code  8. The above named onthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  # After May 1, 2003 Fee will be \$550.00  # After May 1, 200			and Address of Current				7. Nam	e and Addre	ss of New	Registered	Agent				
Siete Auditors   Siet		Name													
### NTER PARK FL 32789    City   FL   Zip Code	SMITH, JAI	MES L					Street Address (P.O. Box Number is Not Acceptable)								
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!! FEE IS \$150.00   PURITY   PRESENTING   PRESENTANCES   PRESENTING   PRESENTING   PRESENTING   PRESENTING   PRESENTING   PRESENT	1299 W. F	AIRBANKS	ave. Suite B				<u> </u>								
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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 all other like empowered.

SIGNATURE:

407740-7111

Daytime Phone #