2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F98630** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name ENGINEERING METHODS & APPLICATIONS, INC. 04-18-2000 90068 006 ***158.75 Principal Place of Business Mailing Address SUITE 202 2999 HARTLEY ROAD 2999 HARTLEY ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-5500 2. Principal Place of Business 3. Mailing Address 3560 Cardinal Point Dr Point Dr. 3560 Cardinal Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 103 Suite 103 Applied For 4. FEI Number City & State City & State 59-2312346 Jacksonville, Florida <u>Jacksonville</u>. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIVOKY, DAVID Street Address (P.O. Box Number is Net Acceptable) Drive SUITE 202 2999 HARTLEY ROAD Suite

Jacksonville

Registered Agent signature required when reinstating)

SUITE 202

STREET ADDRESS

SIGNATURE:

changed, or on an attachment with an addr.

CITY-ST-ZIP

JACKSONVILLE FL 32257

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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition PSD TITLE ☐ Delete TITLE NAME JOHNSON, CHERYL NAME 3560 Cardinal Point Dr, Svite 103 STREET ADDRESS 2099 HARTLEY RD::#202 STREET ADDRESS 32257 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP VTD TITLE Delete TITLE DIVOKY, DAVID NAME NAME 3560 Cardinal Point Dr. Suite 103 STREET ADDRESS 2000 HARTLEY-RD: #202 -STREET ADDRESS CITY-ST-ZIE 32257 CITY-ST-ZIP JACKSONVILLE FL Addition ☐ Change TITLE TITLE ☐ Delete NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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13. I hereby certify that the information supplied with his 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

with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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