

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90452 001 ***150.00

DOCUMENT # F99000004087

1. Entity Name

BRAZOS VALLEY ENGINEERING, INC.



Principal Place of Business

**1560 HARLEY MITCHELL PARKWAY
BRYAN TX 77803**

Mailing Address

**1560 HARLEY MITCHELL PARKWAY
BRYAN TX 77803**

2. Principal Place of Business

3209 EARL Rudder Fwy S

3. Mailing Address

3209 EARL Rudder Fwy S

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

COLLEGE STATION

City & State

COLLEGE STATION

Zip

77845

Country

USA

Zip

77845

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

74-2747198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, RICHARD L
118 FAIR OAKS DRIVE
CRESTVIEW FL 32539**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BRUMMIT, BRIAN W**
STREET ADDRESS **670 HOOSIER LANE**
CITY-ST-ZIP **NAVASOTA TX 77868**

TITLE **V** ☐ Delete
NAME **HUBACEK, RICHARD A**
STREET ADDRESS **4303 TURK RANCH ROAD**
CITY-ST-ZIP **COLLEGE STATION TX 77845**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

979-693-2835

Daytime Phone #

CR2E034 (10/02)