FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 15, 2002 8:00 am Secretary of State DOCUMENT # G24505 1. Entity Name 01-15-2002 90026 021 \*\*\*150.00 H.N. BURNS ENGINEERING CORPORATION Principal Place of Business Mailing Address 3275 PROGRESS DR 3275 PROGRESS DR SUITE A SUITE A ORLANDO FL 32826 ORLANDO FL 32826 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2265406 Not Applicable Zip Country Zip 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 BURNS, HOYT N. Street Address (P.O. Box Number is Not Acceptable) 3275 PROGRESS DR SUITE A ORLANDO FL 32826 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE ☐ Change **X** Addition CR2E034 (9/01) BURNS, HOYT N. NAME Conrad, William G. NAME STREET ADDRESS 9901 LAKE GEORGIA DRIVE 4645 Jetty Street STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP Ockardo, FL 32817 TITLE ☐ Delete Change Addition Yun, Steven T. NAME YUN, STEVEN T NAME 10058 Rivers Trail Drive STREET ADDRESS 4223 ROANNE DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-7IP Orlando, FL 32817 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Chanoe Addition 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 er

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