

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90284 045 ***158.75

DOCUMENT # G67368

1. Entity Name
FLORIDA ENGINEERING AND CONSTRUCTION, INC.



Principal Place of Business
**23820 CR 561
ASTATULA FL 34705**

Mailing Address
**P.O. BOX 499
ASTATULA FL 34705**



2. Principal Place of Business

3. Mailing Address

400 youth Camp Rd

P.O. Box 515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Groveland FL

City & State
Astatula FL

4. FEI Number **59-2537394**

Applied For

Not Applicable

Zip
34736

Country
Lake

Zip
34705

Country
Lake

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, JOYCE K.
HWY. 561 #23324
ASTATULA FL 34705**

Name **Bobby D. Thompson**
Street Address (P.O. Box Number is Not Acceptable)
400 youth Camp Road

City **Groveland FL** Zip Code **34736**

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 **Bobby D. Thompson**

Bobby D Thompson

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete
NAME **THOMPSON, JOYCE K.**
STREET ADDRESS **HIGHWAY 561**
CITY-ST-ZIP **ASTATULA FL 34705**

TITLE **PS** ☒ Change ☐ Addition
NAME **Thompson Bobby D.**
STREET ADDRESS **400 youth Camp Rd.**
CITY-ST-ZIP **Groveland, FL 34736**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Bobby D. Thompson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 **352-742-3373**
Date Daytime Phone #

CR2E034 (10/02)