

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0473060 - AV

DOCUMENT # G68341

1. Entity Name
ENGINEERS OF CENTRAL FLORIDA, INC.

04-08-2002 90245 025 ***150.00

Principal Place of Business 902 US HWY 27 N HAINES CITY FL 33844 US	Mailing Address 902 US HWY 27 N HAINES CITY FL 33844 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 35600 Highway 27	3. Mailing Address 35600 Highway 27
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Haines City, FL	City & State Haines City, FL	4. FEI Number 59-2338585	Applied For <input type="checkbox"/> Not Applicable
Zip 33844-3713	Country	Zip 33844-3713	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURCHFIELD, RONALD S. 902 US HWY. 27 NO HAINES CITY FL 33844	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 35600 Highway 27 City Haines City FL Zip Code 33844-3713
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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 **Ronald S. Burchfield** **2/24/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BURCHFIELD, RONALD S. 902 U.S. HIGHWAY 27 NORTH HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, RONALD H. 902 U.S. HIGHWAY 27 NORTH HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURCHFIELD, FAYETTE L. 902 U.S. HIGHWAY 27 NORTH HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLDEN, DAVAI 902 U.S. HIGHWAY 27 NORTH HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURCHFIELD, TOM 902 U.S. HIGHWAY 27 NORTH HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: **Ronald S. Burchfield** **CEO** **2/24/02** **863-4225517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)