

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G85476**

1. Entity Name

**DESIGN 4 ENGINEERING, INC.**

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90011 013 \*\*\*150.00

Principal Place of Business

~~450 N.E. 20TH STREET~~  
~~SUITE 110~~  
~~BOCA RATON FL 33432~~  
~~US~~

Mailing Address

~~450 N.E. 20TH ST.~~  
~~SUITE 110~~  
~~BOCA RATON FL 33432-1741~~  
~~US~~

2. Principal Place of Business

**1710 AVENIDA DEL SOL**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON FL 33432**

City & State

4. FEI Number

**59-2367665**

Applied For

Not Applicable

Zip

Country

**33432**

**USA**

Zip

Country

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

**TUSSLER, HAROLD R.**

~~450 NE 20TH ST., #110~~  
**BOCA RATON FL 33431**

**1710 AVENIDA DEL SOL**

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**TUSSLER, HAROLD R.**  
~~450 NE 20TH ST., #110~~ **1710 AVENIDA DEL SOL**  
**BOCA RATON FL**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-27-00 561 392 4336**

CR2E034 (9/99)