2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90717 019 ***150.00

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DOCUMENT # H32129

1. Entity Name
ENGINEERING SPECIALTY PRODUCTS, INC.

Principal Place of Business	Mailing Address
1510 PEACHTREE STREET UNIT 29 COCOA FL 32922	1510 PEACHTREE STREET UNIT 29 COCOA FL 32922

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		1840 Baldwin Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #10	
City & State		City & State Rockledge FL	
Zip	Country	Zip 32955	Country USA

4. FEI Number 59-2477632 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIRSCHNER, DONNA C.
954 FLORIDA AVENUE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name Kirschner, Donna C
Street Address (P.O. Box Number is Not Acceptable)
1840 Baldwin #10
City Rockledge FL Zip Code 32955

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 Donna C. Kirschner — 4-1-02
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) ☐

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. ☐ **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT KIRSCHNER, DONNA C. (S) 954 FLORIDA AVENUE ROCKLEDGE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Kirschner, Donna C. (S) 1840 Baldwin #10 Rockledge FL 32955	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Donna C. Kirschner — 4-1-02 — 321-636-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #