

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90402 033 ***150.00

DOCUMENT # H32565

1. Entity Name

INDUSTRIAL ENGINEERING CO.

Principal Place of Business

**2501 JOHN YOUNG PKWY
 ORLANDO FL 32804-4105
 US**

Mailing Address

**2501 JOHN YOUNG PKWY
 ORLANDO FL 32804-4105
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2473395**

Applied for
 Not Applicable

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

**WATTS, DAVID
 2501 JOHN YOUNG PARKWAY
 ORLANDO FL 32804**

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 re-registering)

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, 2001 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 '01

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD FILLMON, DOUGLAS L. 1411 YATES ST ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP WATTS, DAVID G. 967 VINERIDGE RUN BLD 13 APT 108 ALTAMONTE SPRINGS FL 32714	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WATTS, ROBERT L. 2649 CAYMAN CIRCLE ZELLWOOD FL 32778	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SEGREST, WILLIAM 228 WOOD LAKE DRIVE MAITLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MALONE, CLEYON L. 216 WOOD LAKE DR MAITLAND FL 32751	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	7932 DANDREA GAIL LN. ORL, FLA 32818	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P.O. Box 540830 ORL, FLA. 32854	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ 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, 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 #

4/23/01 (407) 293-9317
EXT 130

CR2E034 (10/00)