2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # H67530** 1. Entity Name THE ENGINEERING COLLABORATIVE, INC. 04-11-2001 90128 013 ***150.00 Principal Place of Business Mailing Address 2352 WINTER WOODS BLVD. 1132 PHEASANT ÇIR Suite F WINTER PARK FL 32708 WINTER PARK FL 32792 2. Principal Place of Business 151 E. NEW ENGLAND AVE. 3. Mailing Address Suite, Apt. #, etc. SUITE 301 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2567961 Applied For WINTER PARK, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLZ, WALTER T., JR. Street Address (P.O. Box Number is Not Acceptable) 1132 PHEASANT CIRCLE WINTER SPRINGS FL 32708 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVD ☐ Addition ☐ Delete TITLE ☐ Change TITLE HOLZ, WALTER T., JR. NAME NAME 1132 PHEASANT CIR. STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE HOLZ, WALTER T., JR. NAME NAME 1132 PHEASANT CIR. STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL CITY-ST-7IP CITY-ST-ZIP TITLE 🛌 Delete 🚅 TITLE ☐ Change ☐ Addition _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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Addition