FILED

10LZ, JR. 61/28/02 401-647.9082

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 14, 2002 8:00 am **Secretary of State** DOCUMENT # H67530 1. Entity Name 02-14-2002 90075 050 \*\*\*158.75 THE ENGINEERING COLLABORATIVE. INC. Principal Place of Business Mailing Address 157 E NEW ENGLAND AVE 1132 PHEASANT CIR SUITE 301 WINTER PARK FL 32708 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2567961 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLZ, WALTER T., JR. Street Address (P.O. Box Number is Not Acceptable) 1132 PHEASANT CIRCLE WINTER SPRINGS FL 32708 Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CRZE034 (9/01) Delete ☐ Addition TITLE PVD TITLE ☐ Change NAME NAME HOLZ, WALTER T., JR. STREET ADDRESS 1132 PHEASANT CIR. STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOLZ, WALTER T., JR. NAME STREET ADDRESS 1132 PHEASANT CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-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