

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88289

1. Entity Name

ENGINEERING CONTRACTORS, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90039 029 ***550.00

Principal Place of Business

101 SE 6TH AVE
DELRAY BEACH FL 33483-2288

Mailing Address

101 SE 6TH AVE
DELRAY BEACH FL 33483-5224

2. Principal Place of Business

3. Mailing Address

900 Gardenia Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Delray Beach

City & State

City & State

FL

4. FEI Number

59-2607424

Applied For

Not Applicable

Zip

Country

33483

Palm Beach

6. 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

SHEREMETA, RICHARD W

101 SE 6 AVE

DELRAY BCH FL 33483

Name

900 Gardenia Dr.

Delray Beach

City

FL

33483

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHEREMETA, RICHARD W.
101 S.E. 6TH AVE., STE E
DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900 Gardenia Dr.
Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHEREMETA, DOLORES W.
101 SE 6TH AVE, STE E
DELRAY BCH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900 Gardenia Dr.
Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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NAME
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CITY-ST-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 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

8/28/00

Date

561/265-1576

Daytime Phone #

CR2E034 (9/99)