FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| | 003 FOR PROFI | | |) | May 02, 200 Secretary | |) am | 0455043 |
|--|--|---|---------------------------------------|--------------------|--|-----------------------------|-------------------------|--------------|
| 1. Entity Nam | | 1 | | | Secretary 05-02-2003 90728 | | | Ą |
| TECHNIQ | UE ENGINEERING, INC. | | | | | | | |
| Principal Place 3102 N. HABA 400 | | Mailing Address 3102 N. HABANA AVE. 400 | | | • • • | | | |
| US 2. Principal P | 807 Place of Business | TAMPA FL 33607 US 3. Mailing Address | | | | | | |
| 4221 N. HIMES AVENUE Suite, Apt. #, etc. SUITE 100 | | 4221 N. HIMES AVENUE Suite, Apt. #, etc. SUITE 100. | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & Stat | e L | City & State TAMPA, FL. | | 4. | FEI Number 59-2628483 | | olied For Applicable | |
| Zip 33607 | Country USA | Zip 33607 | Country USA | | Certificate of Status Desired | \$8.75 Addi Fee Required | | |
| | 6. Name and Address of Current F | Registered Agent | Nama | 7. | Name and Address of New Register | ed Agent | | İ |
| | I, KENNY F ABANA AVE | | Street A | | VERMAN Box Number is Not Acceptable) MES AVENUE | | | |
| STE 400 | | | | | THIS AVENUE. | | | j |
| TAMPA FL | | | City TAMI | | | Zip Code 33607 | | |
| | named entity submits this statement for ions of registered agent. | | | | gent, or both, in the State of Florida. I | am familiar with, a | ind accept | |
| SIGNATURE ! | Signature, typed or printed name of registered agent as | | F. OVERMAN Registered Agent signatu | | reinstating) DA | TE | | } |
| | | To the Happinguis. (NOTE | . negisieret Agent signatu | the radowad writer | (anistating) | | | |
| After | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of | State | | | Election Campaign Financing Trust Fund Contribution. | | May Be to Fees | |
| 10. | . OFFICERS AND D | DIRECTORS | 11. | | DDITIONS/CHANGES TO OFFICERS | AND DIRECTORS | IN 11 | _ |
| | PD COMEDIANA MENNIN E | X Delete | TITLE | P/D | D. OVERNAM | 🔀 Change | ☐ Addition | 20% |
| | OVERMAN, KENNY F 3102 N. HABANA AVE. #400 TAMPA FL 33607 | | NAME STREET ADDRESS CITY-ST-ZIP | | F. OVERMAN N. HIMES AVENUE, SUI' N. FL. 33607 | ге 100 | | E034 (10/02) |
| | VD FITZGERALD, WALTER | ☐ Delete | TITLE NAME | | | Change | Addition | CR2EC |
| STREET ADDRESS CITY-ST-ZIP | 15 PINTAIL PLACE SAFETY HARBOR FL 34695 | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | ☐ Deléte | TITLE NAME STREET ADDRESS | | and the second s | '∏ Change ¯ | ☐ Addition | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ļ. <u> </u> | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
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| CITY-ST-ZIP | | Delete | CITY-ST-ZIP | | | Change | ☐ Addition | ı |
| NAME | | | NAME | | | onlinge | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | • | | 1 | |
| | certify that the information supplied with | this filing does not qualify for | | ed in Section | 119.07(3)(i). Florida Statutes I further | certify that the inf | ormation | |

Thereby certify may the information supplied with this limiting does not quality 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. KENNY F. OVERMAN 813-874-8888 SIGNATURE: 1