FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 07, 2002 8:00 am J22574 DOCUMENT # **Secretary of State** 1. Entity Name 02-07-2002 90182 039 ***158.75 PITMAN-HARTENSTEIN & ASSOCIATES, INC., ENGINEERS Principal Place of Business Mailing Address 7820 ARLINGTON EXPRESSWAY 7820 ARLINGTON EXPRESSWAY **SUITE #640** SHITE #640 JACKSONVILLE FL 32211 JACKSONVILLE FL'32211 "...US 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 -59-2695553 Not Applicable Zip Country 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 HARTENSTEIN, ALAN Street Address (P.O. Box Number is Not Acceptable) 7820 ARLINGTON EPWY SUITE 640 JACKSONVILLE FL 32211 City Zio Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 DP CR2E034 (9/01) TITLE TITLE Addition ☐ Delete PITMAN, E. H., JR. NAME NAME STREET ADDRESS 4911 RIVER POINT RD STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME HARTENSTEIN, ALAN 3758 CRICKET COVE RD E STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete : Change · Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 tole 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