## 2003 FOR PROFIT CORPORATION

## Mar 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) J94388 DOCUMENT # 1. Entity Name 03-17-2003 91100 041 \*\*\*155.00 SOILPROBE ENGINEERING & TESTING, INC. Principal Place of Business Mailing Address 12345 NW 14TH ST 5450 GRIFFIN ROAD PLANTAION FL 33323 DAVIE FL 33314 US 2. Principal Place of Business 3. Mailing Address 5450 GRIFFW ROAD 5450 6HFFWRD Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 钇 DAVIE 65-0039899 Not Applicable Country Country BROWATY \$8.75 Additional 5. Certificate of Status Desired BrowAN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAUL , PEANA PAVEL, (PAUL) PEANA Street Address (P.O. Box Number is Not Acceptable) 12345 NW 14TH ST PLANTATION FL 33323 5450 GUFFW DAVIE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agen, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. PEANA SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D/3/T ☐ Delete TITLE **X** Change Addition NAME PEANA, PAVEL NAME REANA, PAVEL STREET ADDRESS 12345 NW 14THST STREET ADDRESS 5450 GRIFFWRD. CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME PEANA, LILIANA NAME STREET ADDRESS 12345 NW 14TH ST STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME PEANA, ANA NAME STREET ADDRESS 12345 N.W. 14TH ST. STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

☐ Addition