

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90315 021 ***158.75

DOCUMENT # K39365

1. Entity Name
AYLWARD ENGINEERING & SURVEYING, INC.



Principal Place of Business
925 NW 197 AVE.
PEMBROOKE PINE FL 33029
US

Mailing Address
925 NW 197 AVE.
PEMBROOKE PINE FL 33029
US



2. Principal Place of Business
3222 RIDGE TRACE
Suite, Apt. #, etc.

3. Mailing Address
3222 RIDGE TRACE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number
65-0077815

Applied For
 Not Applicable

Zip
33328

Country
USA

Zip
33328

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COX, SHARON A
920 NW 197 AVE
PEMBROOKE PINES FL 33029

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3222 RIDGE TRACE
City **DAVIE** FL Zip Code **33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sharon A Cox* / 1/27/03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, SHARON A. 925 NW 197TH AVE PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, EVELYN A. 16203 NW 8 DRIVE PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD AYLWARD, JAYNE R. 15221 FINTRY PL MIAMI LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3222 RIDGE TRACE DAVIE FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon A Cox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03 954-424-5852
Date Daytime Phone #

CR2E034 (10/02)