FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am DOCUMENT # **K46468** Secretary of State 1. Entity Name GATOR ENGINEERING CONSULTANTS, P.A. 01-30-2001 90004 001 ***158.75 Principal Place of Business Mailing Address 1 % REGINA R. BOBO JACKSON % REGINA R. BOBO JACKSON 2720 RHONE WAY nnntanal 2720 RHONE WAY MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FFI Number 65-0084021 Not Applicable Country \$8.75 Additional Q 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOBO-JACKSON, REGINA R. Street Address (P.O. Box Number is Not Acceptable) 2720 RHONE WAY MIRAMAR FL 33025 Zip 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. required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE Change ☐ Addition ☐ Delete NAME BOBO-JACKSON, REGINA R. NAME STREET ADDRESS STREET ADDRESS 2720 RHONE WAY CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BOBO-JACKSON, REGINA R. NAME STREET ADDRESS STREET ADDRESS 2720 RHONE WAY CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL TITI E ☐ Delete TITLE Change Addition NAME NAME 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME 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 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR