

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92348

1. Entity Name

SUPPORT ENGINEERING LTD., INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90864 010 ***150.00

Principal Place of Business

Mailing Address

6600 NW 16TH STREET
 STE. 12
 PLANTATION FL 33313
 US

6600 NW 16TH STREET
 STE.12
 PLANTATION FL 37843-2101
 US

2. Principal Place of Business

3. Mailing Address

731 Quail Way
 Suite, Apt. #, etc.

731 Quail Way
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Parrottsville TN

Parrottsville TN

4. FEI Number

65-0122095

Applied For

Not Applicable

Zip 37843

Country USA

Zip 37843

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOOD, PARDEEP
 8050 LEITNER DRIVE WEST
 CORAL SPRINGS FL 33067

Name

Street Address (P.O. Box Number is Not Applicable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, REGINALD	
STREET ADDRESS	5770 SW 16TH CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Reginald Smith 4/28/00 423-613-0041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)