**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment

**SIGNATURE** 

## Jul 12, 2001 8:00 am L15110 DOCUMENT # **Secretary of State** 1. Entity Name 07-12-2001 90002 037 \*\*\*550.00 ENGINEERING AND LAND SYSTEMS, INC. Mailing Address Principal Place of Business % RICHARD H. GARVEY % RICHARD H. GARVEY 1435 HOWELL BRANCH RD #G 2659 DERBYSHIRE ROAD MAITLAND FL 32751 WINTER PARK FL 32789 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number 59-2969740 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARVEY, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) 2659 DERBYSHIRE ROAD MAITLAND FL 32751 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE. NAME GARVEY, RICHARD H. NAME STREET ADDRESS 2659 DERBYSHIRE RD STREET ADDRESS CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GARVEY, BRIAN R. NAME STREET ADDRESS 1249 HOLLYRIDGE TRAIL STREET ADDRESS CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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