

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41001

1. Entity Name  
ENGINEERS PLUS INC.

Principal Place of Business  
4109 EAST OLD MILL COVE  
JACKSONVILLE FL 32277  
US

Mailing Address  
4109 EAST OLD MILL COVE  
JACKSONVILLE FL 32277  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
  
AKEL, DANIEL D.  
2301 INDEPENDENT SQUARE  
ONE INDEPENDENT DRIVE  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)

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)

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, 2001 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

TITLE      D       Delete  
NAME      WEBER, PHIL  
STREET ADDRESS      4109 EAST OLD MILL COVE  
CITY-ST-ZIP      JACKSONVILLE FL

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE       Change     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: Phil Weber [PHIL WEBER]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90008 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2985653**  Applied For  
 Not Applicable

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

CR2E034 (10/00)

02 JAN 2001 404-746-0165

Date

Daytime Phone #