FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am Secretary of State DOCUMENT # M64711 1. Entity Name 01-24-2002 90174 018 ***150 00 FLORIDA FORENSIC ENGINEERING, INC. Principal Place of Business Mailing Address 3104 ROBERTA ST. 9380 ULMERTON ST STE. 1 SUITE 1 **LARGO FL 33771** LARGO FL 33771 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2874761 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPEARS, EVELYN A. Street Address (P.O. Box Number is Not Acceptable) 3104 ROBERTA ST. LARGO FL 33771 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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 After May 1, 2002 Fee will be \$550.00 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 12. 11. VDST Addition TITLE Delete TITLE Spears, Richard K SPEARS, RICHARD K. NAME NAME 3104 Roberta STREET ADDRESS STREET ADDRESS 3104 ROBERTA ST. Largo, FL 33771 **LARGO FL 34641** CITY-ST-ZIP CITY-ST-ZIP ☑ Delete TITLE Change ☐ Addition TITLE Speaks, Buelyn A 3104 Roberta ST NAME NAME SPEARS, EVELYN A. STREET ADDRESS STREET ADDRESS 3104 ROBERTA ST. CITY-ST-ZIP CITY-ST-ZIE LARGO FL 34464-1 avgo, FL 33771 ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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