## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am Secretary of State DOCUMENT # N06254 04-30-2002 90028 016 \*\*\*\*61.25 RESEARCH AND ENGINEERING ORGANIZATION FOR SPOUSE Principal Place of Business Mailing Address 7633 SAN REMO PLACE 7833 SAN REMO PLACE C/O CHERTE GRIBSCHAN C/O CHERIE GRIBSCHAN ORLANDO FL 32835 ORLANDO FL 32835 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 59-2396067 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRIBSCHAN, CHERIE 7633 SAN REMO PLACE ORLANDO FL 32835 Zio 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. **SIGNATURE** Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **K**) Delete TITLE (9/01) Change : CAMPION, ALICE NAME NAME Niemetschek. STREET ADDRESS 4431 WINDERLAKES DR STREET ADDRESS 366 Twelve daks Dr CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP Winterspring 32708 TITLE ☐ Celete TTLE ☐ Change ☐ Addition NAME GRIBSHAW, CHERIE NAME Gribshaw STREET ADDRESS 7633 SAM REMO PL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-7IP TITLE ☐ Delete TITLE S:D ☐ Addition BREMER, AURELIA = NAME. Bremers-Hurchia STREET ADDRESS 3914 SCAR BOROUGH CT. STREET ADDRESS 3914 Scarborough Ct CITY-ST-719 CLERMONT FL 34711 CITY-ST-7IP Clermont TITLE Detete TITLE ☐ Addition NAME MARSHALL GLENDA Wright, Pegg 110 Oak Vie NAME STREET ADDRESS 1510 ACROPOUS CIR STREET ADDRESS CITY-ST-ZIP OCOEE FL 32781 CITY-ST-ZIP TITLE □ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

AMPion

SIGNATURE:

**FILED** 

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