

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90022 022 ****61.25

DOCUMENT # N93000002287

1. Entity Name

SOUTHWEST FLORIDA CHAPTER OF THE FLORIDA ASSOCIATION OF ENVIRONMENTAL PROFESSIONALS, INC.

Principal Place of Business

**JOHNSON ENGINEERING, INC.
P O BOX 1550
FORT MYERS FL 33902
US**

Mailing Address

**JOHNSON ENGINEERING, INC.
P O BOX 1550
FORT MYERS FL 33902
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**HIETT, ELIZABETH N
C/O JOHNSON ENGINEERING, INC.
2158 JOHNSON ST
FT MYERS FL 33902**

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

Elizabeth N. Hiatt

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **KRAFT, KIT**
STREET ADDRESS **11000 METRO PKWY STE 4**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BRADY, LAURA**
STREET ADDRESS **2158 JOHNSON ST**
CITY-ST-ZIP **FT. MYERS FL 33902**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HIATT, ELIZABETH N**
STREET ADDRESS **2158 JOHNSON ST**
CITY-ST-ZIP **FT. MYERS FL 33902**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **LIS, CAROL**
STREET ADDRESS **1500 MONROE STREET**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **D** ☒ Change ☐ Addition
NAME **Montes De oca, Laura**
STREET ADDRESS **2301 McGregor BLVD**
CITY-ST-ZIP **FT. Myers, FL 33901**

TITLE **D** ☐ Delete
NAME **ARRISON, JULIE**
STREET ADDRESS **4575 VIA ROYALE STE 201**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOGAN, MINDY**
STREET ADDRESS **2301 MCGREGOR BLVD STE 300**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Elizabeth N. Hiatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)