

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91391 033 \*\*\*\*61.25

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**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**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**South Florida Water Management District**

Suite, Apt. #, etc.  
**2301 McGregor Blvd.**

City & State  
**Fort Myers, FL**

Zip  
**33901**

Country  
**USA**

3. Mailing Address  
**SW FAEP**

Suite, Apt. #, etc.  
**P.O. Box 674**

City & State  
**Fort Myers, FL**

Zip  
**33902**

Country  
**USA**

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

7. Name and Address of New Registered Agent

Name  
**Laura Montes de Oca**

Street Address (P.O. Box Number is Not Acceptable)  
**2301 McGregor Boulevard**

City  
**Fort Myers**

State  
**FL**

Zip Code  
**33901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Laura Montes de Oca** **Laura Montes de Oca** **4/29/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

|   |   |                                 |
|---|---|---------------------------------|
| TITLE<br><b>VD</b>                                  | NAME<br><b>KRAFT, KIT</b>                 | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>11000 METRO PKWY STE 4</b>     | CITY-ST-ZIP<br><b>FT MYERS FL 33912</b>   |                                 |
| TITLE<br><b>PD</b>                                  | NAME<br><b>BRADY, LAURA</b>               | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>2158 JOHNSON ST</b>            | CITY-ST-ZIP<br><b>FT. MYERS FL 33902</b>  |                                 |
| TITLE<br><b>TD</b>                                  | NAME<br><b>HIATT, ELIZABETH N</b>         | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>2158 JOHNSON ST</b>            | CITY-ST-ZIP<br><b>FT. MYERS FL 33902</b>  |                                 |
| TITLE<br><b>D</b>                                   | NAME<br><b>MONTE DE OCA, LAURA</b>        | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>2301 MCGREGOR BLVD</b>         | CITY-ST-ZIP<br><b>FORT MYERS FL 33901</b> |                                 |
| TITLE<br><b>D</b>                                   | NAME<br><b>ARRISON, JULIE</b>             | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>4575 VIA ROYALE STE 201</b>    | CITY-ST-ZIP<br><b>FORT MYERS FL 33919</b> |                                 |
| TITLE<br><b>D</b>                                   | NAME<br><b>HOGAN, MINDY</b>               | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>2301 MCGREGOR BLVD STE 300</b> | CITY-ST-ZIP<br><b>FORT MYERS FL 33916</b> |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br><b>Vice President (V/D)</b>                             | NAME<br><b>Elena mandia</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>13730 New Brittany Boulevard, Suite 600</b> | CITY-ST-ZIP<br><b>Fort Myers, FL 33907</b> |  |
| TITLE<br><b>P/D</b>  | NAME<br><b>Laura Montes de Oca</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>2301 McGregor Boulevard</b>                 | CITY-ST-ZIP<br><b>Fort Myers, FL 33901</b> |  |
| TITLE<br><b>T/D</b>  | NAME<br><b>Julie montano</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>2158 Johnson Street</b>                     | CITY-ST-ZIP<br><b>Fort Myers, FL 33902</b> |  |
| TITLE<br><b>S/D</b>  | NAME<br><b>Shawn mccarthy</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>3301 mcGregor Boulevard</b>                 | CITY-ST-ZIP<br><b>Fort Myers, FL 33901</b> |  |
| TITLE<br><b>D</b>  | NAME<br><b>John Curtis</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>2158 Johnson Street</b>                     | CITY-ST-ZIP<br><b>Fort Myers, FL 33902</b> |  |
| TITLE<br><b>D</b>  | NAME<br><b>matt Fleming</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>9110 College Pointe Court</b>               | CITY-ST-ZIP<br><b>Fort Myers, FL 33919</b> |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Laura Montes de Oca** **(Laura Montes de Oca)** **4/29/03** **338-2929**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)