2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000021494

Address:

City-St-Zip:

1338 AMBERG AVE NW

PALM BAY, FL 32907

Entity Name: APPLIED OBJECT ENGINEERING, INC

FILED Apr 26, 2002 8:00 AM Secretary of State

_many man		OBOLOT ENGINEERING, INC				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1338 AMBERG AVE. NW PALM BAY, FL 32907				1865 AMBERWOOD DRIVE SE PALM BAY, FL 32909		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
1338 AMBERG AVE. NW PALM BAY, FL 32907				1865 AMBERWOOD DRIVE SE PALM BAY, FL 32909		
FEI Number	: 59-3643472	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1338 AMB	RA, MARICRUZ ERG AVE. NW 7, FL 32907		1865 AMB	ALZAMORA, MARICRUZ R 1865 AMBERWOOD DRIVE SE PALM BAY, FL 32909		
	named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:			04/26/2002		
	Electron	ic Signature of Registered Age	nt		Date	
•	-	satisfy its Intangible Tax filing requal Trust Fund Contribution ().	uirement and elects to d	lo so (X).		
	S AND DIREC	•	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	WOOD, DAVID 343 AWIN CIR. PALM BAY, FL	32909	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V () ALZAMORA, 1338 AMBERG PALM BAY, FL		Title: Name: Address: City-St-Zip:		(X) Change()Addition , CHARLES B RWOOD DRIVE SE FL 32909	
Title: Name: Address: City-St-Zip:	S () WOOD, THERE 343 AWIN CIR PALM BAY, FL	SW	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	T () ALZAMORA, MA	Delete ARICRUZ R	Title: Name:	T ALZAMORA	(X) Change()Addition , MARICRUZ R	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHARLES B. ALZAMORA VP 04/26/2002

1865 AMBERWOOD DRIVE SE

PALM BAY, FL 32909