

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90479 028 ***158.75

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1. Entity Name
FLORIDA ENGINEERING COMPANY



Principal Place of Business
**1704 SW BOATSWAIN PLACE
PALM CITY FL 34990**

Mailing Address
**1704 SW BOATSWAIN PLACE
PALM CITY FL 34990**

2. Principal Place of Business
12688 Filly Court

3. Mailing Address
P.O. Box 19067

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number **65-1055871**

Applied For
Not Applicable

Zip **32223** Country
Duval

Zip **32245** Country
Duval

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**YALLALY, BRADLEY J
1704 SW BOATSWAIN PLACE
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name
Yallaly, Brian P.
Street Address (P.O. Box Number is Not Acceptable)
12688 Filly Court
City
Jacksonville FL Zip Code
32223

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 *Brian P Yallaly*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YALLALY, BRADLEY J 1704 SW BOATSWAIN PLACE PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YALLALY, BRIAN P 7635 TIMBERLINE PARC BLVD # 421 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YALLALY, BRANDON C 1505 FT CLARKE BLVD # 6-308 GAINESVILLE FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YALLALY, JEANETTE M 12205 SPRING FANCY LANE CHARLOTTE NC 28227	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YALLALY, JAMES G 12205 SPRING FANCY LANE CHARLOTTE NC 28227	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Yallaly, Brian P 12688 Filly Court Jacksonville FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Signature of Yallaly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

(864) 979-0036

Date

Daytime Phone #

CR2E034 (10/02)