

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90354 035 ***150.00

DOCUMENT # P00000098373

1. Entity Name
LTC ENGINEERING ASSOCIATES, INC.



Principal Place of Business
**4945 FALLCREST CIRCLE
SARASOTA FL 34233**

Mailing Address
**4945 FALLCREST CIRCLE
SARASOTA FL 34233**

2. Principal Place of Business

2401 CATTLEMEN RD

Suite, Apt. #, etc.

3. Mailing Address

2401 CATTLEMEN RD

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
65-1049092

Applied For
☐ Not Applicable

Zip
34232

Country
SARASOTA

Zip
34232

Country
SARASOTA

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

6. Name and Address of Current Registered Agent

**BROWNING, ROBERT W JR.
1800 SECOND STREET, SUITE 880
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
PRES ☐ Delete
NAME
JELLISON, LINDA J
STREET ADDRESS
4945 FALLCREST CIRCLE
CITY-ST-ZIP
SARASOTA FL 34233

TITLE
VP ☐ Delete
NAME
TAYLOR, TIMOTHY J
STREET ADDRESS
1609 RACIMO DR
CITY-ST-ZIP
SARASOTA FL 34240

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT ☒ Change ☐ Addition
NAME
LINDA J JELLISON
STREET ADDRESS
2401 CATTLEMEN RD
CITY-ST-ZIP
SARASOTA FL 34232

TITLE
VICE PRESIDENT ☒ Change ☐ Addition
NAME
TIMOTHY J. TAYLOR
STREET ADDRESS
2401 CATTLEMEN RD
CITY-ST-ZIP
SARASOTA FL 34232

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 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: LINDA J. JELLISON **SIGNATURE REQUIRED** **07 Jan 2003 944921-9046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E034 (10/02)