

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
 04-07-2002 90080 050 ***150.00

0418625 AV

DOCUMENT # P01000009708
 1. Entity Name
AYERS ENGINEERING GROUP, INC.

Principal Place of Business
~~2502 LAURELWOOD LANE~~
~~VALRICO FL 33594~~

Mailing Address
 2502 LAURELWOOD LANE
 VALRICO FL 33594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
207 E. ROBERTSON STREET
 Suite, Apt. #, etc.
SUITE A
 City & State
BRANDON, FL
 Zip
33511
 Country
USA

3. Mailing Address
207 E. ROBERTSON STREET
 Suite, Apt. #, etc.
SUITE A
 City & State
BRANDON, FL
 Zip
33511
 Country
USA

4. FEI Number
59-3710529
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
AYERS, MICHAEL H
2502 LAURELWOOD LANE
VALRICO FL 33594

7. Name and Address of New Registered Agent
 Name
AYERS, MICHAEL H.
 Street Address (P.O. Box Number is Not Acceptable)
207 E. ROBERTSON STREET
SUITE A
 City
BRANDON **FL** Zip Code
33511

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 *Michael H. Ayers* **03/27/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYERS, MICHAEL H 2502 LAURELWOOD LANE VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Michael H. Ayers 1032 W. CORAL STREET TAMPA, FLORIDA 33602	<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
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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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michael H. Ayers, President* **03/27/02 (813) 653-4250**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)