

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000032186

1. Entity Name
E & E ENGINEERS, INC.



Principal Place of Business
**11602 GRAND BAY BLVD.
CLERMONT, FL 34711**

Mailing Address

**11602 GRAND BAY BLVD.
CLERMONT, FL 34711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELMER, LORI A
11602 GRAND BAY BLVD.
CLERMONT, FL 34711**

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 changing)

DATE

FILE NOW WITH FEES IS \$150.00

After May 1, 2003, FEES 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

Delete

**PD
ELMER, LORI A
11602 GRAND BAY BLVD.
CLERMONT, FL 34711**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Delete

**VD
ELMER, KIM W
11602 GRAND BAY BLVD.
CLERMONT, FL 34711**

Delete

Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

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: *Lori Elmer LORI Elmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2003 352-241-9529

Daytime Phone #

CR2E034 (10/02)