

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90179 037 ***150.00

DOCUMENT # P01000045851

1. Entity Name

FIRST UNION ARCHITECTS & ENGINEERS & CONSULTANTS, INC.

Principal Place of Business

2625 STATE ROAD 590
 SUITE 1024
 CLEARWATER FL 33759

Mailing Address

2625 STATE ROAD 590
 SUITE 1024
 CLEARWATER FL 33759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2625 STATE RD 590

Suite, Apt. #, etc.

1024

City & State

Clearwater FL

Zip

33759

Country

USA

3. Mailing Address

2625 STATE RD 59

Suite, Apt. #, etc.

1024

City & State

Clearwater FL

Zip

33759

Country

USA

4. FEI Number

52-2094396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Michael E. Steiner CPA**

Street Address (P.O. Box Number is Not Acceptable)

2613 Bellhurst DR

City

Dunedin

FL

Zip Code

34698

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22nd, 2002

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 **PD** ☐ Delete
 NAME **DIMARCO, GIUSEPPE**
 STREET ADDRESS **2625 STATE ROAD 590 SUITE 1024**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 employees.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22nd, 2002 1800 328-9002
 Date Daytime Phone #

CR2E034 (9/01)