

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90022 046 ***150.00

DOCUMENT # P01000093738

1. Entity Name
DOMESTIC ENGINEERING PLUS, INC.

Principal Place of Business

~~1009 LAKE AVOCA CT.~~
~~TARPON SPRINGS FL~~
1112 SUNSET RIDGE LN
TARPON SPRINGS, FL 34689

Mailing Address

~~1009 LAKE AVOCA CT.~~ **1112 SUNSET RIDGE LN.**
~~TARPON SPRINGS FL~~ **TARPON SPRINGS,**
FL 34689



2. Principal Place of Business

1009 LAKE AVOCA CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

4. FEI Number

59-3754896

Applied For

Not Applicable

Zip

Country

34689

PINELLAS

Zip

Country

34689

PINELLAS

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AUSTIN, FIA K

~~1009 LAKE AVOCA CT.~~ **1112 SUNSET RIDGE LN**
~~TARPON SPRINGS FL~~ **TARPON SPRINGS, FL 34689**

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.

SIGNATURE *Fia K. Austin*

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

(NOTE: Registered Agent signature required when reinstating)

3-2-2002

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 ☐ Delete
NAME **AUSTIN, FIA K**
STREET ADDRESS ~~1009 LAKE AVOCA CT.~~ **1112 SUNSET RIDGE LN**
CITY-ST-ZIP ~~TARPON SPRINGS FL~~ **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME **HAYS, DONALD L**
STREET ADDRESS ~~1009 LAKE AVOCA CT.~~ **1112 SUNSET RIDGE LN**
CITY-ST-ZIP ~~TARPON SPRINGS FL~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Donald L. Hays* **DONALD L. HAYS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2002

Date

(727) 942-6772

Daytime Phone #

CR2E034 (9/01)