


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-31-2003 90145 021 ***150.00

DOCUMENT # P02000001007			
1. Entity Name ENGINEERING SUPPORT PROJECT, INC.			
Principal Place of Business 4208 LANCASHIRE LANE ORLANDO FL 32812		Mailing Address 4208 LANCASHIRE LANE ORLANDO FL 32812	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0377291		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOLLNER, RICHARD A 2917 W. STATE RD. 434, SUITE 151 LONGWOOD FL 32779		Name KIMBERLY J. TERRILL Street Address (P.O. Box Number is Not Acceptable) 4208 LANCASHIRE LN City ORLANDO FL Zip Code 32812	
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 <i>Kimberly J. Terrill</i> CEO		DATE 3-26-03	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO NAME KIMBERLY J. TERRILL STREET ADDRESS 4208 LANCASHIRE LN CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE VP NAME KIMBERLY J. TERRILL STREET ADDRESS 4208 LANCASHIRE LN CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE PRESIDENT NAME DONALD F. KRZEMINSKI STREET ADDRESS 4208 LANCASHIRE LN CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE VP NAME DONALD F. KRZEMINSKI STREET ADDRESS 4208 LANCASHIRE LANE CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kimberly J. Terrill</i> CEO		DATE 3-26-03 407-896-1901	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CRE034 (10/02)