

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91439 047 ***150.00

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

DOCUMENT # P02000010164			
1. Entity Name IRBY ENGINEERING & CONSTRUCTION, INC.			
Principal Place of Business 3520 BRIARCLIFF DRIVE PENSACOLA, FL 32505		Mailing Address 3520 BRIARCLIFF DRIVE PENSACOLA, FL 32505	
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 02-0545587			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE SUITE 1114 MIAMI BEACH, FL 33139		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE 4/29/03 (NOTE: Registered Agent's name must be included when registering.)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	IRBY, JULIAN	NAME	
STREET ADDRESS	3520 BRIARCLIFF DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32505	CITY-ST-ZIP	
TITLE	VP/SECRETARY	TITLE	
NAME	JAMES F. IRBY II	NAME	
STREET ADDRESS	3520 BRIARCLIFF	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	
NAME	ERIK M. REMO	NAME	
STREET ADDRESS	3520 BRIARCLIFF	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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 another like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: 4/29/03 380-5769	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)