

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90089 045 ***150.00

DOCUMENT # P02000029305



1. Entity Name
SPECIALITY ENGINEERING CONSULTANTS, INC.

Principal Place of Business
**4859 NW 124TH WAY
CORAL SPRINGS FL 33076**

Mailing Address
**4859 NW 124TH WAY
CORAL SPRINGS FL 33076**

11000400



2. Principal Place of Business
Same as above

3. Mailing Address
*5944 Coral Ridge Dr.
Suite, Apt. #, etc.
#214*

CHECK HERE IF MAKING CHANGES

City & State

City & State
Coral Springs, FL

4. FEI Number
010648162-55 Corp

Applied For
Not Applicable

Zip Country

Zip Country
33046 USA

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

**ZARCO, MARY JO
4859 NW 124TH WAY
CORAL SPRINGS FL 33076**

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 *MJ Zarco* (NOTE: Registered Agent signature required when reinstating) DATE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<i>Mary Jo Zarco</i>	<i>Same as above</i>		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<i>Pres Kurt Johnson</i>	<i>"Same as above"</i>		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 *954-346-0999*
Date Daytime Phone #

CR2E034 (10/02)