

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.

Suite, Apt. #, etc.

City & State

*City & State
Coral Springs, FL*

4. FEI Number

010648162-55 Corp

Applied For

Not Applicable

Zip

Country

*Zip
33046*

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

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

(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

TITLE *VP*
NAME *Mary Jo Zarco*
STREET ADDRESS
CITY - ST - ZIP *Same as above*

☐ Delete

TITLE
NAME *Pres Kurt Johnson*
STREET ADDRESS
CITY - ST - ZIP *"Same as above"*

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 954-346-0099
Date Daytime Phone #

CR2E034 (10/02)