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FILED Feb 21, 2003 8:00 am Secretary of State

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2003	FOR	PROFIT	CORPORA	TION
JNIFO	RM B	USINES	S REPORT	(UBR)

UN	IFURM BUSINE	33 MET ON			02-11-2003 90065 013 ***150.00			
DOCUMENT # P02000037838 1. Entity Name PROCESS ANALYSIS AND ENGINEERING CORP.								
Principal Place of Business 606 CASTLEBERRY CT. JACKSONVILLE FL 32259		Mailing Address 606 CASTLEBERRY CT. JACKSONVILLE FL 32259		;				
Principal Place of Business 3. Mailing		3. Mailing Address	failing Address		(1685/68; IN: 88/19 NWK SEMI 88/11 MBM B3/168 (III) (488) 19:39 (110)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number Applied For Not Applicable	_		
Zip ,	Country	Zip	Coun	try	5. Certificate of Status Desired — \$8.75 Additional Fee Required]-		
	6. Name and Address of Current F	Paglatered Agent			7. Name and Address of New Registered Agent]		
				Name		7		
FEGER, KIMBERLY P 606 CASTLEBERRY CT.		•		Street Address (I	P.O. Box Number is Not Acceptable)			
	MLLE FL 32259					7		
JACKSON	VILLE PL 32239	. C			Zip Code	┥		
			•	City	r _L			
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida. I am lamiliar with, and accept]		
the obligat	ions of registered agent.	\sim t	1	/101/	12 Fine 2/20/02	1		
SIGNATURE,	Signature, typed or printed name of registified agent a	nd Ittla.# applicable. (NOT)	Registere	d Agent signature required	(when refinisering) DATE	<u> </u> .		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	[13 beach	4 W.	<u>'</u>	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
Make Check	Payable to Florida Department of		វ្វ 🗥	<u> </u>		4		
10	OFFICERS AND		11.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	∤ଇ		
TITLE	wane feal	☐ Delete	TITL	I	☐ Change ☐ Addition	CR2E034 (10/02)		
NAME	President	· ~ L	NAM	EET ADDRESS		1=		
STREET ADDRESS CITY-ST-ZIP	606 Castleberry	E 23259		-ST-ZIP				
UTLE	vice Presiden	Delete	ntu	E T	☐ Change ☐ Addition	18		
NAME	Kimberly Fes	\	NAM	I	•	10		
STREET ADDRESS	606 Cast Worry	<u>ک</u> ل _	STR	EET ADDRESS				
_CITY-ST-ZIP	Jack son Ville	F1 32259	CITY	'-ST-ZIP		4		
-Mile	Treasurer		TITL		☐ Change ☐ Addition			
NAME	Kimbarly Fear		NAM	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	606 asticlaring	Ct2 2259		-ST-ZIP				
TITLE	-SACKONUINER	Delete	TITL	E	☐ Change ☐ Addition	1		
NAME	٠,	<u> </u>	NAM	1				
STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP			City	-ST-ZIP		4		
MITE		, 🔲 Delete	TITL		☐ Change ☐ Addition	1.		
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STREET ADDRESS CITY-ST-ZIP	BALLERS AND	\$ 6AZ 190	- 1	-ST-ZIP	A CONTROL OF THE PROPERTY OF T			
TITLE	BURNEL BOOK	☐ Delete	TITL NAM	i	☐ Change S ☐ Addition			
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CITY-ST-ZIP			_	-ST-ZIP	and Carlings	1		
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 of 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 expowered.								