

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90039 009 ***150.00

DOCUMENT # P02000048686

1. Entity Name
**ENGINEERING PROFESSIONALS OF SOUTH
FLORIDA, INC.**



Principal Place of Business
3913 NE 21 AVE, STE 2
FT LAUDERDALE, FL 33308

Mailing Address
3913 NE 21 AVE, STE 2
FT LAUDERDALE, FL 33308

90130991



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3217 NW 10TH TER

3. Mailing Address

Suite, Apt. #, etc.
SUITE #302

Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State

Zip
33308

Country
USA

Zip

Country

4. FEI Number
68-0499111

Applied For
☐ Not Applicable

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

MORIN, MARK V
3913 NE 21 AVE, STE 2
FT LAUDERDALE, FL 33308

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

Mark V. Morin

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

(NOTE: Registered Agent signature required when resigning)

DATE

5/1/03

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. ☐

\$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
**PCEO
MORIN, MARK V
3913 NE 21 AVE, STE 2
FT LAUDERDALE, FL 33308**

☐ Delete

*see ADDRESS
ABOVE*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Mark V. Morin **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

954-232-7802

Daytime Phone #

CR2E034 (10/02)