

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/31

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-03-2003 90501 033 ***150.00
03-26-2003 90145 026 *****8.75

DOCUMENT # P02000050948

1. Entity Name

ENGINEERED COMPONENTS, INC.



Principal Place of Business

36 PENNSYLVANIA LANE
PALM COAST FL 32164

Mailing Address

36 PENNSYLVANIA LANE
PALM COAST FL 32164

2. Principal Place of Business

4 Yorktown CT
Suite, Apt. #, etc.

3. Mailing Address

138 Palm Coast Pkwy N.E.
Suite, Apt. #, etc.
PMB # 311

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

32164

Country

FLAGLER

Zip

32137

Country

FLAGLER

4. FEI Number

32-0017025

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SUPINO, RONALD G
36 PENNSYLVANIA LANE
PALM COAST FL 32164

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

Ronald G. Supino

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SUPINO, RONALD G
36 PENNSYLVANIA LANE
PALM COAST FL 32164 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Supino, Ronald G.
4 Yorktown CT.
Palm Coast FL 32164 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 807, 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:

Ronald G. Supino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 386-503-1751

Date

Daytime Phone #

CR2034 (10/02)