2003 FOR PROFIT CORPORATION

UN	DO3 FOR PROFITIES IFORM BUSINES MENT # P02000	S REPORT			FILED Jul 18, 2003 8:00 a Secretary of Stat	e
1. Entity Nam					07-18-2003 90074 028 ***150.00	
Principal Plac 2826 ST AUGI JACKSONVILLI	·	Mailing Address 2826 ST AUGUSTINE RD JACKSONVILLE FL 32207				
	SAINT AUGUSTINE Rd.	3. Mailing Address 2826 Shint f Suite, Apt. #, etc.	lugustine	Rd.	CHECK HERE IF MAKING CHANGES	
Sacks Zacks Zip Zip	pnville, Florida Country	City & State Sacksonville, Zip 32207	PLorido Country	~	P () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lied For Applicable onal
	6. Name and Address of Current Re				7. Name and Address of New Registered Agent	
00:5051			Name			,
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
MAMI FL 33145						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City	<u>-</u>	□ Zip Code	
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its re	egistered office or re	egistere	ed agent, or both, in the State of Florida. I am familiar with, an	d accept
×.						Ì
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature	v beriuper e	when reinstating) DATE	
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.00 c Payable to Florida Department of \$				9. Election Campaign Financing \$5.00 Trust Fund Contribution.	
10.	OFFICERS AND DIE		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 11
TITLE	DP	☐ Delete	TITLE			Addition
NAME CIDECT ADDRESS	BRIDGES III, JOHN R 2826 ST AUGUSTINE RD		NAME STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207		STREET ADDRESS CITY-ST-ZIP			ľ
TITLE	DST	□ Delete	TITLE	` .	☐ Change	Addition
NAME	HUGHEY, DOROTHY G	اعضید آرایهٔ ایم می الامبیطان آلد (-	NAME -	* * ·	The second secon	¸ ⁵ ⁻ . │
STREET ADDRESS CITY-ST-ZIP	2826 ST AUGUSTINE RD JACKSONVILLE FL 32207		STREET ADDRESS CITY-ST-ZIP			}
TITLE		Delete	TITLE		Change	☐ Addition
NAME		Dollar	NAME		; <u> </u>	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		F7 01	
TITLE NAME		☐ Delete	TITLE • NAME		☐ Change	Addition
STREET ADDRESS			STREET ADDRESS			(
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change [Addition
NAME STREET ADDRESS			NAME Street Address			
CITY-ST-ZIP			CITY-ST-ZIP			Í
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME CORECT ADDRESS			NAME			j
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP			}
12. I hereby of indicated of the cor	on this report or supplemental report is tru	ue and accurate and that my ered to execute this report as	signature shall hav required by Chapt	/e the sa	ction 119.07(3)(i), Florida Statutes. I further certify that the info ame legal effect as if made under oath; that I am an officer or Florida Statutes; and that my name appears in Block 10 or Bl	director

SIGNATURE:

Daytime Phone #

Atachment 90144359

July 13,2003

To whom it may concern,

Please waive the late fee for filing the Uniform Business Report as we have never received the original report in the mail.

The corporation's name is: Motion Engineers Corp. document# is: P02000100807)

Thank you,

Dorothy G. Hughey, secretary