

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO3000060132

1. Entity Name

C-OLIBRI ENGINEERING INC.

DO NOT WRITE IN THIS SPACE

FILED

06 MAY 19 AM 10:16

SECRET
STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

4711 NE 2ND WAY

3. Mailing Address

4711 NE 2ND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH

City & State

POMPANO BEACH, FLORIDA

4. FEI Number

11-3691152

Applied For

Not Applicable

Zip

33064

Country

Zip

33064

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BROWN, ROBERT E.

Street Address (P.O. Box Number is Not Acceptable)

4711 NE 2ND WAY

City

POMPANO BEACH

FL

Zip Code

33064

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature of person to be registered agent and where applicable:

(NOTE: Registered Agent signature required when changing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to: Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D BROWN ROBERT E.
4711 NE 2ND WAY
POMPANO BEACH FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200075549572
05/31/06--01017--024 **167.50

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

35/26/04

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200075549572
05/31/06--01017--025 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STATEMENT OS-4

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

011-506-268-3987

CR2E034B (12/01)