

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P15856**

1. Entity Name

ENGINEERING & EQUIPMENT COMPANY

Principal Place of Business

908 N. WASHINGTON STREET
ALBANY GA 31701

Mailing Address

908 N. WASHINGTON STREET
ALBANY GA 31701-2330

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90223 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-0538626

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

NEWMAN, JOHN
2001 ARTHUR AVENUE
PANAMA CITY FL 32405

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KNIGHT, III C	
STREET ADDRESS	2305 WINCHESTER DR.	
CITY-ST-ZIP	ALBANY GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEWMAN, JOHN	
STREET ADDRESS	2001 ARTHUR AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, JOHN	
STREET ADDRESS	412 FOREST GLEN	
CITY-ST-ZIP	ALBANY GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, SANFORD	
STREET ADDRESS	507 EDGEWOOD DR.	
CITY-ST-ZIP	ALBANY GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, LOU	
STREET ADDRESS	106 BUNKERS COVE ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LONG, ROSEMARY	
STREET ADDRESS	3717 SHORELINE	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2524 W. Doublegate DR	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1620 Lynwood Lane	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4114 Quail Hollow Rd	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

POLLINS KNIGHT

1-13-00 912-435-5601

CR2E034 (9/99)