

# 2001 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2001 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  
NAME KNIGHT, III C  
STREET ADDRESS 3524 W DOUBLEGATE DR  
CITY-ST-ZIP ALBANY GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME NEWMAN, JOHN  
STREET ADDRESS 2001 ARTHUR AVE.  
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME KNIGHT, JOHN  
STREET ADDRESS 1620 LYNWOOD LN  
CITY-ST-ZIP ALBANY GA 31707

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME KNIGHT, SANFORD  
STREET ADDRESS 4114 QUALL HALLOW RD  
CITY-ST-ZIP ALBANY GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME KING, LOU  
STREET ADDRESS 106 BUNKERS COVE ROAD  
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME LONG, ROSEMARY  
STREET ADDRESS 3717 SHORELINE  
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 #

FILED  
Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90050 027 \*\*\*150.00

909974



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)