2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P30284** Jan 19, 2000 8:00 am **Secretary of State** FRENCH ENGINEERING, INC. 01-19-2000 90282 042 ***150.00 Principal Place of Business Mailing Address 15531 KUYKENDAHL STE. 275 15531 KUYKENDAHL HOUSTON TX 77090 SUITE 275 HOUSTON TX 77090-3672 **NUUULLU** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 76-0300608 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ** ** Name FELL, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 215 MOUNTAIN DR. SUITE 111 DESTIN FL 32541 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Delete ☐ Change ☐ Addition TITLE NAME FRENCH, WARREN R. STREET ADDRESS STREET ADDRESS 22426 TRAILWOOD LANE CITY-ST-ZIP CITY-ST-ZIP TOMBALL TX ☐ Change **VSD** ☐ Delete TITLE ☐ Addition TITLE NAME FRENCH, PHYLIS J. WILSON NAME STREET ADDRESS STREET ADDRESS 22426 TRAILWOOD LANE CITY-ST-7IP CITY-ST-ZIP TOMBALL TX Change -- [-] Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🛭