## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 28, 2002 8:00 am Secretary of State DOCUMENT # P30284 1. Entity Name 01-28-2002 90043 047 \*\*\*150.00 FRENCH ENGINEERING, INC. Principal Place of Business Mailing Address 15531 KUYKENDAHL STE. 275 15531 KUYKENDAHL HOUSTON TX 77090 **SUITE 275** HOUSTON TX 77090 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 76-0300608 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELL. JAMES E. Street Address (P.O. Box Number is Not Acceptable) 215 MOUNTAIN DR, SUITE 111 DESTIN FL 32541 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. 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 11. 12. ☐ Addition TITLE TITLE ☐ Delete NAME NAME FRENCH, WARREN R. STREET ADDRESS STREET ADDRESS 22426 TRAILWOOD LANE CITY-ST-ZIP CITY-ST-ZIP TOMBALL TX ☐ Change ☐ Addition ☐ Delete TITLE TITLE **VSD** FRENCH, PHYLIS J. WILSON NAME NAME STREET ADDRESS STREET ADDRESS 22426 TRAILWOOD LANE CITY-ST-ZIP CITY-ST-7IP TOMBALL TX ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

ARRENR, FRENCH

Davtime Phone #

CR2E034 (9/01)

**FILED**