

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90001 029 \*\*\*150.00

**DOCUMENT # P34418**

1. Entity Name  
**BARD RAO + ATHANAS CONSULTING ENGINEERS, INC.**

Principal Place of Business

~~1320 SOLDIERS FIELD RD.~~  
~~BOSTON MA 02135-1019~~

Mailing Address

~~1320 SOLDIERS FIELD RD.~~  
~~BOSTON MA 02135-1019~~

2. Principal Place of Business

**20 N. ORANGE AVE**

Suite, Apt. #, etc.

**SUITE 401**

City & State

**ORLANDO, FL**

Zip

**32801**

Country

**USA**

3. Mailing Address

**20 N. ORANGE AVE**

Suite, Apt. #, etc.

**SUITE 401**

City & State

**ORLANDO, FL**

Zip

**32801**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**04-2578380**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DIRENZO, MARCO**

**4288 NW-83 LN**

**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name **RANDOL L. POOL**

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

**20 N. ORANGE AVE SUITE 401**

City

**ORLANDO**

**FL**

Zip Code

**32801**

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]*

**RANDOL L. POOL, PRESIDENT**

**1/15/02**

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, 2002 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

TITLE	DCP	<input type="checkbox"/> Delete
NAME	<b>BARD, EUGENE M.</b>	
STREET ADDRESS	<b>40 BATTERY STREET APT 309</b>	
CITY-ST-ZIP	<b>BOSTON MA 02109</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>RAO, ARJUN B.</b>	
STREET ADDRESS	<b>5 JOHN HOSMER LN</b>	
CITY-ST-ZIP	<b>LEXINGTON MA</b>	
TITLE	DC	<input type="checkbox"/> Delete
NAME	<b>ATHANAS, THEODORE H.</b>	
STREET ADDRESS	<b>38 RAYNOR RD.</b>	
CITY-ST-ZIP	<b>SUDBURY MA</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>BARD, EUGENE M.</b>	
STREET ADDRESS	<b>40 BATTERY STREET APT 309</b>	
CITY-ST-ZIP	<b>BOSTON MA 02109</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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]*

**RANDOL L. POOL, PRESIDENT**

**1/15/02**

**407-316-4960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)