

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90174 011 ***158.75

DOCUMENT # P93000004545

1. Entity Name
FLORIDA ENGINEERING GROUP, INCORPORATED



Principal Place of Business
1516 EAST HILLCREST STREET
SUITE 301
ORLANDO FL 32803-4716

Mailing Address
1516 EAST HILLCREST STREET
SUITE 301
ORLANDO FL 32803-4716

2. Principal Place of Business
718 Garden Plaza

3. Mailing Address
718 Garden Plaza

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number **59-3203487**

Applied For
Not Applicable

Zip **32803-4212** **Country** **USA**

Zip **32803-4212** **Country** **USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SEBAALI, SAMIR J
401 HARBOUR OAKS POINTE DR. N.
EDGEWOOD FL 32809-3013

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	SEBAALI, SAMIR J.	
STREET ADDRESS	401 HARBOUR OAKS POINTE DR. N	
CITY-ST-ZIP	ORLANDO FL 32809-3013	
TITLE	TS	☐ Delete
NAME	SEBAALI, MARY L	
STREET ADDRESS	401 HARBOUR OAKS POINTE DR. N	
CITY-ST-ZIP	ORLANDO FL 32809-3013	
TITLE		☐ Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Lisa Sebaali* **Secretary/Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 25, 2003 407-895-0324

Date

Daytime Phone #

CR2E034 (10/02)