## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000021391 Apr 13, 2000 8:00 am Secretary of State R.J.D. ENGINEERING, INC. 04-13-2000 90042 012 \*\*\*150.00 Principal Place of Business Mailing Address 15181 HARDING AVENUE 15181 HARDING AVENUE CLEARWATER FL 33760-2151 CLEARWATER FL 34620 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2220659 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIMLER, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 1518 HARDING AVENUE **CLEARWATER FL 34620** Zip Code City 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 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVST** TITLE ☐ Change ☐ Addition TITLE ☐ Delete DIMLER, ROBERT J NAME NAME STREET ADDRESS 15181 HARDING AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Addition Change Delete TITLE TITLE DIMLER, ROBERT J NAME NAME 15181~HARDING\*AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Change ☐ Addition ☐ Delete TITLE DIMLER, ELEANOR G NAME NAME 14898 56TH ST N STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE. 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 eath; 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #