## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P93000021391 1. Entity Name 05-15-2001 90080 035 \*\*\*150.00 R.J.D. ENGINEERING, INC. Principal Place of Business Mailing Address 15181 HARDING AVENUE 15181 HARDING AVE RP054817 CLEARWATER FL 33760 CLEARWATER FL 34620 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2220659 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 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, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition **PVST** ☐ Delete TITLE TITLE NAME NAME DIMLER, ROBERT J STREET ADDRESS STREET ADDRESS 15181 HARDING AVENUE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 ☐ Addition ☐ Delete Change T!TLE TITLE n NAME NAME DIMLER, ROBERT'J STREET ADDRESS STREET ADDRESS 15181 HARDING AVENUE CITY-ST-ZIP CITY-ST-ZIE CLEARWATER FL 33760 ☐ Delete TITLE Change ☐ Addition TITLE TD NAME DIMLER, ELEANOR G NAME STREET ADDRESS STREET ADDRESS 14898 56TH ST N CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: NG OFFICER OR DIRECTOR

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.