

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034914

1. Entity Name

FINANCIAL ENGINEERING INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90047 007 ***150.00

Principal Place of Business

725 NORTH A1A

SUITE G-204

JUPITER FL 33477

Mailing Address

725 NORTH A1A

SUITE G-204

JUPITER FL 33477

2. Principal Place of Business

3485 S.W. Forest Hills
Suite, Apt. #, etc.

Palm City FL

City & State

34990 US

Zip

Country

3. Mailing Address

3485 S.W. Forest Hills
Suite, Apt. #, etc.

Palm City FL

City & State

34990 US

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0411413

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONSIGNORE, TERESA

18610 127 DR N.

JUPITER FL 33478

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.

SIGNATURE

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, 2000 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 ☐ Delete

NAME DOWNEY, JOHN E
STREET ADDRESS 3485 SW FOREST HILLS CT
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete

NAME EDDY, MARILYN D
STREET ADDRESS 3485 SW FOREST HILLS CT
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marilyn D. Eddy 04.17.00 223-9299 (561)