⁻2002 Uniform Business Report (UBR)

Mar 19, 2002 8:00 am Secretary of State DOCUMENT # P93000041622 1. Entity Name 03-19-2002 90027 043 ***150.00 SCA ENGINEERING & CONSULTING, INC. Principal Place of Business Mailing Address 1611 S. SR IS/A P.O. BOX 633 STE 4 DELAND FL 32721 DELAND FL 32720 US Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3187786 Not Applicable Country Zin \$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 OATH, MURRAY A JR. 1611 S. SR 15A STE 4 DELAND FL 32720 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 NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regis DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01) TITLE ☐ Delete ☐ Addition NAME OETH, MURRAY A. J NAME STREET ADDRESS 1137 VALLEY VIEW LANE STREET ADDRESS CITY-ST-ZIP **DELAND FL** CITY-ST-ZIP TITLE らっぱ SVP ☐ Delete TITLE ☐ Addition ☐ Change NAME OETH, MARIE T. NAME STREET ADDRESS 1137 VALLEY VIEW LANE STREET ADDRESS CITY-ST-ZIP DELAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME RAJAPATHAH, SHIRISH S NAME STREET ADDRESS 8641B BOCA GLADES BLVD W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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:

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