FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P93000056861 BIKO ENGINEERING SERVICES, INC. 04-12-2001 90047 015 ***150.00 Principal Place of Business Mailing Address 5042 N PEPPERMINT DR PO BOX 522 **BEVERLY HILLS FL 34465** HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3196825 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE CORAL GABLES FL 33134 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition Delete TITLE TITLE MYERS, R. NAME NAME 5042 N PEPPERMINT DR STREET ADDRESS STREET ADDRESS **BEVERLY HILLS FL 34465** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE MYERS, M. A. NAME NAME 5042 N PEPPERMINT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS FL 34465** TITLE - Change - Addition TITLE-" 🗀 : Delete MYERS, R. NAME NAME 5042 N PEPPERMINT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS FL 34465** TITLE Delete TITLE [Change ☐ Addition MYERS, M. A. NAME 5042 N PEPPERMINT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BEVERLY HILLS FL 34465** CITY-ST-ZIP TITLE ☐ 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 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:

SINTURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

352-527-8482 Davime Phone #