

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90470 046 ***150.00

0691912 FP

DOCUMENT # P93000062517

1. Entity Name
CREST ENGINEERING ASSOCIATES OF FLORIDA, P.A.



Principal Place of Business
4526 N. ACCESS RD
ENGLEWOOD FL 34224
US

Mailing Address
4526 N. ACCESS RD
ENGLEWOOD FL 34224
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0441052**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BADACH, FRANK J
568 YAMATO ROAD
EUROBANK BUILDING SUITE 200
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STRONG, PETER W.**
STREET ADDRESS **410 RANDOLPH ROAD**
CITY-ST-ZIP **FREEHOLD NJ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VEVP** ☐ Delete
NAME **WIENER, RICHARD P.**
STREET ADDRESS **2029 BROOK WOOD DR**
CITY-ST-ZIP **TOMS RIVER NJ 08755**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VST** ☐ Delete
NAME **GREGORY F. WEYERS**
STREET ADDRESS **7201 WATERS WAY**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HUNDLEY, DANIEL P.**
STREET ADDRESS **1026 FANNY STREET**
CITY-ST-ZIP **ELIZABETH NJ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **TOTTEN, LORALI E**
STREET ADDRESS **323 SOUTHRIDGE WOODS BLVD**
CITY-ST-ZIP **MONMOUTH JUNCTION NJ 08852**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10 CLARK CT.**
CITY-ST-ZIP **EAST WINDSOR, NJ 08520**

TITLE **VP** ☐ Delete
NAME **INTILE, MICHAEL**
STREET ADDRESS **84 SUSAN STREET**
CITY-ST-ZIP **TOMS RIVER NJ 08753**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GREGORY F. WEYERS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-23-03

Date

Daytime Phone #

941-475-5651

CR2E034 (10/02)