2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000072735 Feb 21, 2000 8:00 am 1. Entity Name **Secretary of State** MEA ENGINEERS, INC. 02-21-2000 90007 038 ***150.00 Principal Place of Business Mailing Address 2450 BEERIDGE RD 2450 BEERIDGE RD SHITE A SHITE-A SARASOTA-FL 34239 SARASOTA-FL 34238-2804 2. Principal Place of Business 3. Mailing Address <u>7184</u>2 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0446544 Not Applicable ALASON \$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 Name KAMPMANN, JOHN H JR Street Address (P.O. Box Number is Not Acceptable) 2531 WILKINSON ROAD SARASOTA FL 34231 Zip Code FL 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Director 🔀 Change ☐ Addition TITLE TITLE DAVID KARINS DAVID KARINS NAME 5040 Commonwealth Dr. -5040 COMMONWEALTH DR STREET ADDRESS STREET ADDRESS SARASOTA, FL 34242 CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP President ☐ Change **X** Addition ☐ Delete TITLE TITLE John H. Kampmann, Jr. 2531 Wilkinson Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOM, PL 34231 CITY-ST-7IP Vice President Addition ☐ Change TIT1 F TITLE ☐ Delete Dana M. WYAR 8450-14 GARDENS Cir. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR