


FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90124 016 ***150.00

80125435

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000007291		
1. Entity Name MICRO SYSTEMS ENGINEERING CONSULTANTS, INC.		
Principal Place of Business 1000 N. COLLIER BLVD SUITE #12 MARCO ISLAND, FL 34145		Mailing Address PO BOX 1865 MARCO ISLAND, FL 34146 US
2. Principal Place of Business		3. Mailing Address
State, Apt. #, etc.		State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent HALYE, CRAIG L 1000 N. COLLIER BLVD SUITE #12 MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent
Name		Name
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)
City		City
FL		FL
Zip Code		Zip Code
8. The above named entity submits the 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 _____ DATE _____		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPST <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALYE, CRAIG L	NAME
STREET ADDRESS	1480 WINTERBERRY DR.	STREET ADDRESS
CITY-STATE-ZIP	MARCO ISLAND, FL 34146	CITY-STATE-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-STATE-ZIP		CITY-STATE-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-STATE-ZIP		CITY-STATE-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-STATE-ZIP		CITY-STATE-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-STATE-ZIP		CITY-STATE-ZIP
12. I hereby certify that the information supplied with this filing complies not justly 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 807, 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: <i>C. L. Halye, President</i>		04-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date

CP-202304 (11/01/02)