## **2001 UNIFORM BUSINESS REPORT (UBR)**

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P94000014338 FIELD ENGINEERED PRODUCTS, INC. 04-30-2001 90134 024 \*\*\*158.75 Principal Place of Business Mailing Address 25090 ROLAND LANE 25090 ROLAND LANE PUNTA GORDA FL 33955 PUNTA GORDA FL 33955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0507661 Applied For Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARC R. MATTHEWS Street Address (P.O. Box Number is Not Acceptable) 25090 ROLAND LANE **PUNTA GORDA FL 33955** 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 DATE 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, 2001 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) PTD TITLE Delete Change MATTHEWS, MARC R NAME 25090 ROLAND LANE STREET ADDRESS STREET ADDRESS PUNTA GORDA FL CITY-ST-ZIP CITY-ST-ZIP SVD TITLE ☐ Delete TITLE □ Change ☐ Addition MATTHEWS, LINDA G NAME NAME 25090 ROLAND LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL** Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME

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

STREET ADDRESS

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CITY-ST-ZIP

☐ Change

☐ Addition

CITY-ST-7IP

TITLE

NAME

☐ Delete

rattheus MARC R. MATTHEWS 4/24/01 941-286-8111