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

## **FILED** Feb 07, 2001 8:00 am DOCUMENT # P9400034025 **Secretary of State** EVERETT BROTHERS ENGINEERING, INC. 02-07-2001 90151 020 \*\*\*150.00 Principal Place of Business Mailing Address 2820 FORMOSA BLVD. 713 S ORANGE AVE KISSIMMEE FL 34747 SARASOTA FL 34236 713381 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3243282 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 MORCURIO, JOHN Street Address (P.O. Box Number is Not Acceptable) 713 S. ORANGE AVE. SARASOTA FL 34236 City 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE Delete TITLE EVERETT, BRIAN EVERETT, BRIAN NAME NAME COWLES DROVE, HOCKWOLD 2820 FORMOSA BLVD. STREET ADDRESS STREET ADDRESS NORFOLF IP26 4JQ CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL 34747 UNITED KINGDOM ☐ Addition TITLE ☐ Delete TITLE **X**Change EVERETT, BERNARD NAME NAME EVERETT, BERNARD 2820 FORMOSA BLVD. STREET ADDRESS STREET ADDRESS COWLES DROVE HOCKWOLD CITY-ST-7IP KISSIMMEE FL 34747. CITY-ST-7IP NORFOLF-IP26\_4JO ☐ Addition Change ☐ Delete TITLE TITLE UNITED KINGDOM NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/8

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 secute this report agreequired 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 offer like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR