


FILED
May 01, 2003 8:00 am
Secretary of State

04-14-2003 90400 008 *****8.75
 05-01-2003 90783 049 ***150.00

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

DOCUMENT # P94000034827

1. Entity Name
KYE ENGINEERING, INC.



60026002

Principal Place of Business
**6905 SW 18TH ST
 SUITE 4
 BOCA RATON FL 33433
 US**

Mailing Address
**6905 SW 18TH ST
 SUITE 4
 BOCA RATON FL 33433
 US**



2. Principal Place of Business
6885 SW 18th St.

3. Mailing Address

State, Apt. #, etc.
Suite B7

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL

City & State

4. FEI Number
65-0491544

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**BOB AGENT CO.
 2500 N MILITARY TRAIL
 STE 480
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS BAKER, MARK 22531 ESPLANADA CIRCLE BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

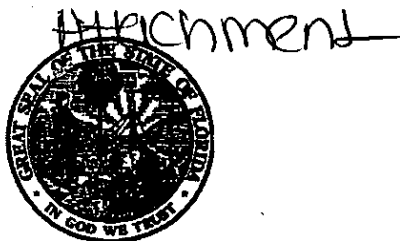
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6885 SW 18th St., Ste. B7 BOCA RATON FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 officer 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 otherlike empowered.

SIGNATURE: **[Signature]** DATE: **3/19/03** **501 368 7467**

SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATED OFFICER OR DIRECTOR

CR20034 (10/02)



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 17, 2003

KYE ENGINEERING, INC.
6905 SW 18TH ST
SUITE 4
BOCA RATON, FL 33433 US

Subject: **KYE ENGINEERING, INC.**

Reference Number: **P94000034827**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$8.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$141.25.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/CW
ANNUAL REPORTS SECTION