FILED

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

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P94000044011 1. Entity Name ENGINE LAB OF TAMPA, INC. 04-04-2001 90499 033 \*\*\*150.00 Principal Place of Business Mailing Address 201 S 78TH ST 201 S 78TH ST TAMPA FL 33619 **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3244640 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 DEEGAN, DAVID P IV Street Address (P.O. Box Number is Not Acceptable) 201 S 78TH ST **TAMPA FL 33605** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition DEEGAN, SUSAN L NAME NAME STREET ADDRESS STREET ADDRESS 10308 SALISBURY ST. CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL Change ☐ Addition TITLE ☐ Delete TITLE DEEGAN, DAVID P NAME NAME STREET ADDRESS STREET ADDRESS 10308 SALISBURY ST. CITY-ST-7IP CITY-ST-7IP RIVERVIEW FL BM TITLE ☐ Delete TITLE ☐ Change ■ Addition ANDREA L. DEEGAN NAME NAME STREET ADDRESS 10308 SALISBURY ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP RIVERVIEW FL BM Change TITLE \_\_ ☐ Delete TITLE ■ Addition DEELAN, AMANDA L NAME NAME STREET ADDRESS 10308 SALISBURY ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 TITLE ☐ Change ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description of Proper of