

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051628

1. Entity Name

DESIGN & ENGINEERING SERVICES, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90019 021 ***150.00

Principal Place of Business

Mailing Address

380 GUS HIPPI BLVD
ROCKLEDGE FL 32955

380 GUS HIPPI BLVD
ROCKLEDGE FL 32955-4805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3252466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRESE, GARY B
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

Name

Christopher L. Cloran

Street Address (P.O. Box Number is Not Acceptable)

380 Gus Hipp Blvd.

Rockledge, FL 32955-4805

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.

SIGNATURE

Christopher L. Cloran
Signature, typed or printed name of registered agent and title if applicable.

Christopher L. Cloran

4/12/00

DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME STRAWN, EVELYN
STREET ADDRESS P O BOX 561251 N/A
CITY-ST-ZIP ROCKLEDGE FL 32956-1251

☒ Delete

TITLE Director
NAME Christopher L. Cloran
STREET ADDRESS 380 Gus Hipp Blvd.
CITY-ST-ZIP Rockledge, FL 32955-4805

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 an officer or trustee empowered.

SIGNATURE:

Christopher L. Cloran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher L. Cloran

321-639-3203

Date

Daytime Phone #

CR2E034 (9/99)