

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085947

1. Entity Name

COMMONWEALTH ENGINEERING, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90329 003 ***150.00

Principal Place of Business	Mailing Address
222 SOUTH WESTMONTE DRIVE, STE. 200 SUITE 209 ALTAMONTE SPRINGS FL 32714-4268 US	222 SOUTH WESTMONTE DRIVE, STE. 200 SUITE 209 ALTAMONTE SPRINGS FL 32714-4268 US

2. Principal Place of Business 222 S. WESTMONTE DR.	3. Mailing Address 222 S. WESTMONTE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3348594	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUDWIG, ERIC W ESQ 705 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714	7. Name and Address of New Registered Agent Name MARY GONZALES Street Address (P.O. Box Number is Not Acceptable) 222 S. WESTMONTE DR SUITE 209 City ALTAMONTE SPRINGS FL Zip Code 32714
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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 *Mary Gonzales* (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB BUCKLEY, WILLIAM T 222 S. WESTMONTE RD SUITE 108 ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BUCKLEY WILLIAM T. 222 S. WESTMONTE DR, SUITE 209 ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *William T. Buckley* **WILLIAM T. BUCKLEY** **PRESIDENT** **4-27-2000** **407-788-8111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)