

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090892

1. Entity Name

C.E.M. ENGINEERING, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90029 026 ***550.00

Principal Place of Business

~~910 S. 8TH STREET~~
~~RC-6~~
 FERNANDINA BEACH FL 32034
 US

Mailing Address

~~910 S. 8TH STREET~~
~~RC-6~~
 FERNANDINA BEACH FL 32034
 US

2. Principal Place of Business

17 South 8th Street
 Suite A

3. Mailing Address

SAME -
 Suite A

City & State

Fernandina Beach, FL
 Zip 32034 Country USA

City & State

Fernandina Beach, FL
 Zip 32034 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3288398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCCARROLL, LORIE L
 2334 EAST SR 200
 STE 300
 FERNANDINA BEACH FL 32034

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.

SIGNATURE

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

(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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
 NAME JONES, ROBERT A.
 STREET ADDRESS 910 S. 8TH STREET, SUITE RC-6
 CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME President
 STREET ADDRESS 1125 North Fletcher Avenue
 CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Jones, President

9/1/2000

904 261 8711

CR2E034 (5/00)