

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090892

1. Entity Name
C.E.M. ENGINEERING, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90444 025 ***150.00

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

00043826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17 South 8th Street

Suite, Apt. #, etc.

Suite A

City & State

Fernandina Bch, FL

Zip

32034

Country

USA

3. Mailing Address

P.O. Box 15097

Suite, Apt. #, etc.

City & State

Fernandina Bch, FL

Zip

32035

Country

USA

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

7. Name and Address of New Registered Agent

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

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 \$150.00
After MAY 1, 2001 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 V ☐ Delete
NAME JONES, ROBERT A.
STREET ADDRESS ~~910 S. 8TH STREET, SUITE RC-6~~
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS 17 South 8th Street, Suite A
CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE DIRECTOR ☐ Delete
NAME PACQUIN, Patricia H
STREET ADDRESS 17 South 8th Street, Suite A
CITY-ST-ZIP Fernandina Beach, FL 32034

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robert A. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001

Date

904 261 8711

Daytime Phone #

CR2E034 (10/00)