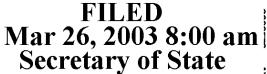
## **2003 FOR PROFIT CORPORATION**

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



1. Entity Nam	NGINEERING, INC.	JUUSI	J892			03-26-2003 90186			
17 SOUTH 8TI	e of Business H STREET SUITE A BEACH FL 32034	РО ВО	Mailing Address PO BOX 15097 FERNANDINA BEACH FL 32035 US						
Principal Place of Business     Suite, Apt. #, etc.		ρο	3. Mailing Address POBOX 15091					0110 4701 E001	
duite, Apt. #, etc.		00110	oute, Apr. N, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	е	I W	s State	Beach F	4.	FEI Number <b>59-3288398</b>	No	plied For t Applicable	
Zip	Country	Zip	2035	Country US	5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Curren					Name and Address of New Registere	d Agent		
			<del>- : -:</del>	Name	_			·· · · · ·	Γ
MCCARROLL, LORIE L					Street Address (P.O. Box Number is Not Acceptable)				
2334 EAS	T SR 200								١
STE 300 FERNANDINA BEACH FL 32034				City		<u> </u>	Zip Code	<u> </u>	ł
				'			<u> </u>		1
	e named entity submits this statement tions of registered agent.	for the purpo	ose of changing its	registered office or	registerea aç	gent, or both, in the State of Florida. I a	m tamiliar with, a	апо ассері	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if appl	cable. (NOTI	E: Registered Agent signate	ure required when r	reinstating) DAT	E		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be to Fees	
10.	OFFICERS AN	1	RS .	11.	AI	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, ROBERT A. 17 SOUTH 8TH STREET SUITE FERNANDINA BEACH FL 32034	A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2721 p	+ A Jones First Ave	1X Change	☐ Addition	(00/04) 1007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACQUIN, PATRICIA H 17 SOUTH 8TH STREET SUITE FERNANDINA BEACH FL 32034	A	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	en pagasan garan da indrindrati (i. g. hamba	ರಾಜ್ಯವಾಗಿ	· Delete · · · ·	NAME STREET ADDRESS CITY-ST-ZIP	/ •	ت يانيوننيون يو نوموس ي ند	Change -	- Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: