

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90186 033 ***150.00

DOCUMENT # P94000090892

1. Entity Name

C.E.M. ENGINEERING, INC.



Principal Place of Business
17 SOUTH 8TH STREET SUITE A
FERNANDINA BEACH FL 32034
US

Mailing Address
PO BOX 15097
FERNANDINA BEACH FL 32035
US

2. Principal Place of Business

3. Mailing Address

PO Box 15097

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fernandina Beach FL

Zip

Country

Zip

Country

32035

US



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JONES, ROBERT A.
17 SOUTH 8TH STREET SUITE A
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Robert A Jones
2671 First Ave
Fernandina Beach FL 32034 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PACQUIN, PATRICIA H
17 SOUTH 8TH STREET SUITE A
FERNANDINA BEACH FL 32034 ☒ Delete

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

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A Jones 3-23-03 904-261-8711
Date Daytime Phone #

CR2E034 (10/02)