FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90202 011 ***158.75

DOCUMENT # P9500009541					
ENGINEERING & APPLIED STENCE	LNI/				

DOCUMENT # P95000009541 ENGINEERING & APPLIED SCIENCE, INC.	

ENGIN	VEERING & APPLI	ED SCIENCE, IN	IC CONTRACTOR				
	DO NOT WRITE	IN THIS SPA	NCE	an	008740		
2. Principal Place of Business 11700 N. 58 th Street 11700 N. 58 th		n Street	JUUU0/4U				
Suite, Apt	. ^	Suite, Apt. #, etc. SUI+C. G	. .	DO NOT WRIT	E IN THIS SPACE		
city & Sta Tamp	a,FL	City & State Tampa, FU		4. FEI Number 593293198	Applied For Not Applicable		
3301	7 USA	33617 ° U	Country (SA	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE Name Smill Address of Current Registered Agant Name Shiniyas G. Rao Street Address (P.O. Box Number is Not Acceptable) 18545 OHerwood Avc. City Tampa FL ZgCoge 47							
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 # applicable. (NOTE: Registered Agent signature required when rensisting) DATE January 1: May 1: Fee is \$150.00							
	After May 1, Fee is \$550.00 Amended UBR is \$61,25 Payable to Florida Department of	**************************************		9. Election Campaign Fina Trust Fund Contribution	 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3rinivas G. Rao 18545 OHCTWOOD Tampa, FL 3364	Ave.	TITLE NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	• ,		STREET ADDRESS CITY-ST-ZIP				

NAME STREET ADDRESS STREET ACIDRESS DO NOT WRITE CITY-ST-ZIP CITY+ST-ZIP TITLE IN THIS SPACE NAME NAME STREET AOORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: