2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State P95000049993 DOCUMENT # 03-25-2002 90075 038 ***150.00 BAY AREA C.P.I. ENGINEERING INC. Principal Place of Business Mailing Address 216-176TH TERRACE 216-176TH TERRACE REDINGTON SHORES FL 33708 REDINGTON SHORES FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3326059 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bracic: Juraj R:-Street Address (P.O. Box Number is Not Acceptable) 216-176 TERR REDINGTON SHORES FL 33708 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRACIC, JURAJ R. NAME NAME 216-176 TERR STREET ADDRESS STREET ADDRESS **REDINGTON FL** CITY-ST-ZIP CITY-ST-ZIP **DVPS** ☐ Delete Change ☐ Addition ZADEU, DORIANA V. NAME NAME STREET ADDRESS 216-176 TERR STREET ADDRESS REDINGTON SHORES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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GEORGE BRACIC R 3-12-02
Date Date Dayline Phone #

FILED

(9/01)**CR2E034**