FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P95000074806 1. Entity Name LEHOCZKY ENGINEERING & CONSULTING, INC. 09-12-2000 90006 003 ***550.00 Principal Place of Business Mailing Address 311 8TH STREET EAST 311 8TH STREET EAST **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business Mailing Address Leboczky Engineering + Consulting 4411 DO NOT WRITE IN THIS SPACE Soite, Apt. #, etc. alme Applied For City & State 4. FEI Number 65-0615304 metto Not Applicable Manatee \$8.75 Additional 5. Certificate of Status Desired Maina tee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEHOCZKY, MELINDA 6156 9TH AVE CIR NE **BRADENTON FL 34202** Palmetto City 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 9-6-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Delete TITLE TITLE Ehoczky, Melindw LEHOCZKY, MELINDA NAME NAME STREET ADDRESS STREET ADDRESS 6156 9TH AVE CIR NE Palmetto CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE ~ 🔳 Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 attachritent with an address, with all other like empowered.

SIGNATURE:

CR2E034 (5/00)