2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600002081 Jan 19, 2000 8:00 am **Secretary of State** CANTERBURY ENGINEERING, INC. 01-19-2000 90225 043 ***150.00 Principal Place of Business Mailing Address 5609 BERRY BLOSSOM WAY W 777 S. FLAGLER DR. WEST PALM BEACH FL 33415-4448 WEST TOWER 8TH FLOOR E0005858 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 152 W. BLUE NERON BLUD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. GUITE # City & State 4. FEI Number 65-0637462 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CANTERBURY, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 5609 BERRY BLOSSOM WAY W WEST PALM BEACH FL 33415 Zin 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. MYZZBUZY FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00-May-Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete TITLE CANTERBURY, ROBERT L NAME NAME 5609 BERRY BLOSSOM WAY WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition Defete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE 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-ZIP CiTY-ST-ZIP -Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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