

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002081

1. Entity Name

CANTERBURY ENGINEERING, INC.

Principal Place of Business

Mailing Address

4152 W BLUE HERON BLVD  
SUITE 3 120  
RIVIERA BEACH FL 33404  
US

5609 BERRY BLOSSOM WAY W  
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33411

USA

4. FEI Number

65-0637462

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

CANTERBURY, ROBERT L  
5609 BERRY BLOSSOM WAY W  
WEST PALM BEACH FL 33415

Name

ROBERT L. CANTERBURY

Street Address (P.O. Box Number is Not Acceptable)

8749 PIONEER LANE

City

WEST PALM BEACH FL

Zip Code

33411

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

*Robert L. Canterbury*

ROBERT L. CANTERBURY, PRES. 01/03/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CANTERBURY, ROBERT L  
5609 BERRY BLOSSOM WAY WEST  
WEST PALM BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
ROBERT L. CANTERBURY  
8749 PIONEER LANE  
WEST PALM BEACH, FL 33411

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

*Robert L. Canterbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90039 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0294109

CR2034 (10/00)