## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P96000047136 **DOCUMENT #**

1. Entity Name
MAGLIIRE ENGINEERING SERVICES INC



## **FILED** Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90156 030 \*\*\*150.00

Name and Address of Current Registered Agent   Name and Address of State People of Country   State According to the cologations of registered agent according to the cologation according to	WAGOINE ENGINEERING SERVICES, INC.										
Sulta, Apt. #, etc.  City & State  City & State  Country  Zo  Country  S. Cerificator of Sieuss Delairon  SRA75 Addistional Fee Required  Fee Required  Fee Required  Surear Address of New Registered Agent  Namo  Namo  Namo  Namo  Surear Address (P.C. Box Number is Not Acceptable)  City  FL  Zip Code  Ci	6322 TAYLOR ROAD NAPLES FL 34109		6322 TAYLOR ROAD NAPLES FL 34109								
City & State    City & State   City & State   City & State   City & State   A. FEI Number 65-0672657   Roy Applicable   Roy A	2. Principal Place of Business		3. Mailing Address				-				
Country   Zp   Country   Zp   Country   S. Certificate of Status Deleired   Se. 75 Applicable   Se. 75 A	Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  MAGUIRE; EDWARD 6322 TAYLOR ROAD NAPLES FL 34109  City  City  FL  Zip Codo  City  Addition  Note  FL  City	City & State	City & State				4. [	FEI Number 65-0672657				
MAGUIRE: EDWARD 6322 TAYLOR ROAD NAPLES FL 34109    Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	ountry Zip		Country		5. (	Certificate of Status Desired			
MAGUIRE, EDWARD 6322 TAYLOR ROAD NAPLES FL 34109  City  FL  Zip Code  City  Addition  Addition  Addition  Addition  Addition  MAC  Sirett Appless  City Sir.2p  City S	6. Name	e and Address of Current	Registered	d Agent		7. Name and Address of New Registered Agent					
Street Address (P.C. Box Number is Not Acceptable)    City   FL   Zip Code						l .					
NAPLES FL 34109    City   FL   Zip Code	MAGUIRE, EDWARD		•	ياسين ومن ال	*						
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	6322 TAYLOR ROAD						P.O. B	ox number is Not Acceptable)			
S. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00	144 660 16 04103					City			Zip Co	ode	
SIGNATURE    Signature, typoed or crimed name of rispidemed agent and life if applicable.   0ADTE Registered Agent signature recurred when inventioning   DATE   DA	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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Chack Payable to Florida Department of State  10.		itered agent.			,						
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT  ITILE  NAME MAGUIRE, EDWARD 322 TAYLOR RD NAPLES FL 34109  111.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
TITLE MAGUIRE, EDWARD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 ITILE NAME SIZET ADDRESS CITY-ST-ZIP NAPLES FL 34109 ITILE NAME SIZET ADDRESS CITY-ST-ZIP OPERATION STREET ADDRESS CITY-ST-ZIP OPER	<ul> <li>After May 1, 20</li> </ul>	03 Fee will be \$550.00	f State					, , ,			
TITLE MAGUIRE, EDWARD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 ITILE NAME SIZET ADDRESS CITY-ST-ZIP NAPLES FL 34109 ITILE NAME SIZET ADDRESS CITY-ST-ZIP OPERATION STREET ADDRESS CITY-ST-ZIP OPER	<u> </u>						AD	L DITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	BS IN 11	
MAGUIRE, EDWARD 6322 TAYLOR RD NAPLES FL 34109  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  NAME  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TILLE  Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TILLE  CHANGE ADDRESS					_						
STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		EDWARD		L Delete					L.J. Gridingo		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	STREET ADDRESS 6322 TAYLOR RD				STRE	ET ADDRESS				}	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET AD	CITY-ST-ZIP NAPLES FL 34109				CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT	TITLE	***		☐ Delete	TITLE				Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY ST-ZIP  CITY	NAME				NAME	E				_ }	
TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Addition   NAME   Change   Addition   NAME   CITY-ST-ZIP   CITY-ST-	STREET ADDRESS	REET ADDRESS			STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME MAME MAME MAME MAME MA	CITY-ST-ZIP				CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME S	NAME ""				NAME	E					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET		الم المحمود المحاصية المحاسبة		بالمساوي السياد				لها ويستمونها أأن المالية المنافعة المنافعة المنافعة			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-					<b>—</b>						
STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ı			Change	Addition	
CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE	ľ									1	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME 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 Block 11 if	1				•	4					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME 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 Block 11 if	TITLE	<del></del>		□ Delete	TITLE				☐ Change	Addition	
CITY-ST-ZIP  IITLE  INAME  STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 Block 11 if											
TITLE  NAME  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 Block 11 if	STREET ADDRESS				STREE	ET ADDRESS				İ	
NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 Block 11 if	CITY-ST-ZIP				CITY-	-ST-ZIP				·}	
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 Block 11 if	TITLE			☐ Delete	TITLE	:			☐ Change	☐ Addition	
CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 Block 11 if	<b>I</b>										
12. I hereby certify that the information supplied with this filling 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 Block 11 if	1					1					
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 Block 11 if		· · · · · · · · · · · · · · · · · · ·									
changed, or on an attachment with an address, with all other like empowered.	indicated on this repo of the corporation or t	rt or supplemental report is he receiver or trustee empo	true and a wered to e	ccurate and that n xecute this report	ny signat as requir	mption stated in Se lure shall have the s red by Chapter 607,	ction 1 same k , Floric	119.07(3)(i), Florida Statutes. I further c egal effect as if made under oath; that da Statutes; and that my name appears	ertify that the I am an office in Block 10 o	Information er or director or Block 11-if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

239-591-8818

Daytime Phone #