

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90177 032 ***150.00

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DOCUMENT # P96000094282

1. Entity Name

F.J.S. ENGINEERING, INC.



Principal Place of Business

1757A BAYWOOD DRIVE

A

SARASOTA FL 34231

US

Mailing Address

1757 A BAYWOOD DRIVE

A

SARASOTA FL 34231

US

2. Principal Place of Business

4236 DES PLAINES DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

City & State

Zip

34233

Country

Zip

Country

4. FEI Number

65-0710168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELLINGER, DEBORAH

1757 A BAYWOOD DR

SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/16/03

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SELLINGER, FRANK
P.O. BOX 730 VIA CAGETTO 15
CH 6614 BRISSAGO SWITZERLAND

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STVD
SELLINGER, DEBORAH
1757 A BAYWOOD DR
SARASOTA FL 34231

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4236 DES PLAINES DRIVE
SARASOTA, FL 34233

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/03 941-923-0544

Date

Daytime Phone #

CR2E034 (10/02)