

DOCUMENT # P96000096873

1. Entity Name  
3DIMENSIONAL ENGINEERING, INC.

Principal Place of Business

2991 N. POWERLINE RD  
POMPANO BEACH FL 33069  
US

Mailing Address

2991 N. POWERLINE RD  
POMPANO BEACH FL 33069  
US

2. Principal Place of Business

2991 N. POWERLINE RD  
Suite, Apt. #, etc.

3. Mailing Address

2991 N. POWERLINE RD  
Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip  
33069

Country

FLORIDA

City & State

POMPANO BEACH FL

Zip

33069

Country

FLORIDA

6. Name and Address of Current Registered Agent

SCHNEIDER, HARVEY R  
1900 CORPORATE BLVD. N.W.  
STE. 301-WEST BUILDING  
BOCA RATON FL 33431

4. FEI Number 65-0713292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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	Delete
	D HAY, J. SCOTT	2991 N POWERLINE RD	POMPANO BEACH FL 33069	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01

954-972-9906

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90078 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)