

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000008019**1. Entity Name
MTN ENGINEERING, INC.**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90084 005 ***550.00

S
R
O
M
A
VPrincipal Place of Business
6239 EDGEWATER DRIVE
ORLANDO FL 32810Mailing Address
6239 EDGEWATER DRIVE
ORLANDO FL 32810**DU138096**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3439054**
Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DAVID V
6239 EDGEWATER DRIVE
ORLANDO FL 32810

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, 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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTVP			
	MARTIN, DAVID V			
	6239 EDGEWATER DR			
	ORLANDO FL 32810			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 all other information empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**9/13/2002 407 296 8293**

CR2E034 (4/02)