

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015241

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90009 009 ***150.00

1. Entity Name
CARIGNAN ENGINEERING, INC.

Principal Place of Business 3552 JACONA DRIVE JACKSONVILLE FL 32277	Mailing Address 3552 JACONA DRIVE JACKSONVILLE FL 32277-2544
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3433295** 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

HALL, CHARLES E JR
 25 OLD MISSION AVENUE
 ST AUGUSTINE FL 32084

Name **CHARLES E. HALL**
 Street Address (P.O. Box Number is Not Acceptable)
77 ALMERIA ST.
 City **ST. AUGUSTINE FL** Zip Code **32084**

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 DATE **2/14/00**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	CARIGNAN, NEIL M
STREET ADDRESS	3552 JACONA DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	D <input type="checkbox"/> Delete
NAME	CARIGNAN, BARBARA A
STREET ADDRESS	3552 JACONA DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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: DATE **3/6/2000** DAYTIME PHONE # **(904) 744-7600**

CR2E034 (9/99)