

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000031068**1. Entity Name
ALLEN CRAIG CIVIL ENGINEERING, INC.Principal Place of Business
109 WEST BROADWAY
OVIEDO FL 32765 US
Mailing Address
P.O. BOX 916009
LONGWOOD FL 32791 US2. Principal Place of Business
1525 WEST BROADWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OVIEDO FL

City & State

Zip Country
32765 US

Zip Country

4. FEI Number
59-3440841
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**ICARDI JEFFREY A
237 LOOKOUT PLACE
SUITE 100
MAITLANDO FL 32751 USName
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 _____ DATE **02/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. 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 ☐ Delete
NAME ALLEN DAVID E
STREET ADDRESS 106 COLYER DRIVE
CITY-ST-ZIP LONGWOOD FL 32779TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME CRAIG MICHAEL
STREET ADDRESS 1020 SHANGRI-LA LANE
CITY-ST-ZIP OVIEDO FL 32765TITLE ☒ Change ☐ Addition
NAME CRAIG MICHAEL
STREET ADDRESS 1030 SHANGRI-LA LANE
CITY-ST-ZIP OVIEDO FL 32765TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: David E. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 02/01/2001

Date Daytime Phone #

CR2E034 (11/00)