

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91434 045 ***150.00

0518381 AV

DOCUMENT # P97000034933
 1. Entity Name
ENCORE ENGINEERING, INC.

Principal Place of Business Mailing Address
5404 ASHTON CT., STE. D **5404 ASHTON CT., STE. D**
SARASOTA FL 34233 **SARASOTA FL 34233**

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 **61-1196952** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~FRECSKA, SUSAN V~~
~~5404 ASHTON CT., STE. D~~
~~SARASOTA FL 34233~~

7. Name and Address of New Registered Agent

Name **Luis Vazquez**
 Street Address (P.O. Box Number is Not Acceptable)
5404 Ashton Ct
 City **Sarasota** **FL** Zip Code **34233**

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]* **Luis Vazquez, Secretary** **3/01/02**
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, 2002 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	PD <input checked="" type="checkbox"/> Delete
NAME	FRECSKA, TAMAS S
STREET ADDRESS	3645 MERIDALE RD
CITY-ST-ZIP	SARASOTA FL 34238
TITLE	T <input type="checkbox"/> Delete
NAME	FRECSKA, SUSAN V
STREET ADDRESS	3645 MERIDALE RD
CITY-ST-ZIP	SARASOTA FL 34238
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Vazquez
STREET ADDRESS	5404 Ashton Ct
CITY-ST-ZIP	Sarasota FL 34233
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manuel Zuckerman
STREET ADDRESS	210 rue du Polygone cedex 2
CITY-ST-ZIP	Le Mans, France 72058
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *[Signature]* **3/01/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)