


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90094 027 \*\*\*150.00

**DOCUMENT # P97000034933**

1. Entity Name  
**ENCORE ENGINEERING, INC.**



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

Mailing Address  
**5404 ASHTON CT., STE. D  
SARASOTA FL 34233**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **61-1196952** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent  
**VAZQUEZ, LUIS  
5404 ASHTON CT.  
SARASOTA FL 34233**

7. Name and Address of New Registered Agent  
Name **David G. Corbin**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David G. Corbin* (NOTE: Registered Agent signature required when reinstating) DATE **3-5-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>VAZQUEZ, LUIS</b>
STREET ADDRESS	<b>5404 ASHTON COURT</b>
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FRECSKA, SUSAN V</b>
STREET ADDRESS	<b>3645 MERIDALE RD</b>
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<del><b>ZUCKERMAN, MANUEL</b></del>
STREET ADDRESS	<del><b>210 RUE DU POLYGONE CEDEX 2</b></del>
CITY-ST-ZIP	<del><b>LE MANS, FRANCE 72058</b></del>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Secretary / Treasurer</b>
STREET ADDRESS	<b>David G. Corbin</b>
CITY-ST-ZIP	<b>5404 Ashton Ct. Sarasota FL 34233</b>
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David G. Corbin* SIGNATURE REQUIRED **3-5-03** **941-921-5138**

Date Daytime Phone #

CR2E034 (10/02)