FILED

2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am **Secretary of State** DOCUMENT # P97000034973 1. Entity Name 03-26-2002 90023 036 ***150.00 GOVERNALE ENGINEERING SERVICES, INC. Principal Place of Business Mailing Address 1807 PEPPERTREE DR. 1807 PEPPERTREE DR. OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3437146 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOVERNALE, LEO L Street Address (P.O. Box Number is Not Acceptable) 500 DRIFTWOOD CIRCLE OLDSMAR FL 34677 City 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 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 FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE NAME GOVERNALE, LEO NAME STREET ADDRESS 500 DRIFTWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete TITLE Change ☐ Addition VΡ NAME GOVERNALE, REBECCA NAME STREET ADDRESS 500 DRIFTWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. It 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

SIGNATURE:

CR2E034 (9/01)