

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038191

1. Entity Name

PRODUCTION ENGINEERS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90203 017 ***150.00

Principal Place of Business

Mailing Address

3600 ARTHUR ST
HOLLYWOOD FL 33021

3600 ARTHUR ST
HOLLYWOOD FL 33837-5844

2. Principal Place of Business

109 PIN OAK PLACE

3. Mailing Address

9500 SATELLITE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 230

City & State

DAVENPORT, FL.

City & State

ORLANDO, FL.

4. FEI Number

65-0756996

Applied For

Not Applicable

Zip

33837

Country

USA.

Zip

33837

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEFF, JOSEPH E
3600 ARTHUR ST
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

JOSEPH E. NEFF

Street Address (P.O. Box Number is Not Acceptable)

109 PIN OAK PLACE

City

DAVENPORT

FL

Zip Code

33837

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.

JOSEPH E. NEFF

(NOTE: Registered Agent signature required when reinstating)

4-20-2000

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, 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

TITLE ☐ Delete
NAME D NEFF, JOSEPH E
STREET ADDRESS 3600 ARTHUR ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ 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:

JOSEPH E. NEFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

Date

407-963-5483

Daytime Phone #

CR2E034 (9/99)