

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042910

1. Entity Name  
**ENGINEERING & COMPUTER SIMULATIONS, INC.**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90079 029 \*\*\*158.75

Principal Place of Business  
**3275 PROGRESS DRIVE**  
**STE #2A**  
**ORLANDO FL 32826**  
**US**

Mailing Address  
**3275 PROGRESS DRIVE**  
**STE #2A**  
**ORLANDO FL 32826**  
**US**

2. Principal Place of Business  
**3403 TECHNOLOGICAL AVE.**  
Suite, Apt. #, etc.  
**SUITE 14**

3. Mailing Address  
**3403 TECHNOLOGICAL AVE.**  
Suite, Apt. #, etc.  
**SUITE 14**



DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO, FLORIDA**

City & State  
**ORLANDO, FLORIDA**

4. FEI Number **65-0775610** Applied For  
Not Applicable

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

Zip Country Zip Country  
**32817 USA 32817 USA**

6. Name and Address of Current Registered Agent  
**ARMSTRONG, WAYMON**  
**3275 PROGRESS DRIVE**  
**STE #2A**  
**ORLANDO FL 32825**

7. Name and Address of New Registered Agent  
Name  
**WAYMON ARMSTRONG**  
Street Address (P.O. Box Number is Not Acceptable)  
**3403 TECHNOLOGICAL AVENUE**  
**SUITE 14**  
City **ORLANDO** **FL** Zip Code **32817**

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 WAYMON ARMSTRONG (NOTE: Registered Agent signature required when reinstating) DATE 2/14/01

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 State**

10. 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PARKER, M J</b><br><b>3275 PROGRESS DRIVE STE 2A</b><br><b>ORLANDO FL 32825</b><br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ARMSTRONG, WAYMON</b><br><b>3275 PROGRESS DRIVE STE 2A</b><br><b>ORLANDO FL 32826</b><br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D/P</b><br><b>WAYMON ARMSTRONG</b><br><b>3403 TECHNOLOGICAL AVE. SUITE 14</b><br><b>ORLANDO, FL 32817</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                            |

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: WAYMON ARMSTRONG 2/14/01 (407) 823-9991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)