## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000055296**

1. Entity Name

ENGINEERING CONCEPTS, INC.

CHRISTOPHER, GARRETT & LYNN

INC

## FILED Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90406 024 \*\*\*150.00

D	D1 (	
Principal	Place of	Business

6350 118TH AVE N LARGO FL 33773 Mailing Address

6354 118TH AVENUE NORTH

LARGO FL 33773

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2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPAC	CE			
City & State		City & State		<b>4</b> . F	El Number <b>59-3454185</b>	· · · · · · · · · · · · · · · · · · ·		oplied For ot Applicable	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired		. <b>75</b> Add	ditional	
6. Name and Address of Current Registered Agent			7. 1	7. Name and Address of New Registered Agent					
			Name	Name					
BLUME, STEPHEN G 6354 118TH AVENUE NORTH LARGO FL 33773		Street A	Street Address (P.O. Box Number is Not Acceptable)						
		City	City 5T1 Z p Code						
			<u> </u>				'	7.00	
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature recurred 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 After MAY 1, 2001 Fee Make Check Payable to D		01 Fee will be \$5	50.00	10. Election Campaign Financia Trust Fund Contribution.	ng 🗆		00 May Be d to Fees		
11.	OFFICERS AND I	DIRECTORS	12.		DITIONS/CHANGES TO OFFICER	S AND DIF	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUME, STEPHEN G 170 MARINA DEL REY COURT CLEARWATER FL 33767	☐ Delete	TITLE NAME STREET ADDRESS OITY-ST-ZIP	P/S 745 CLEAR	HARBOR ISLA	W 2	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY S1-ZP	VP BLUME, DARYL W 7306 SAWGRASS POINT DR PINELLAS PARK FL 33782	<b>X</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				- Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP	ST DEMA, ANTHONY N 7751 ARALIA WAY LARGO FL 33777	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Additren	
TITLE NAME STREET ADDRESS C:TY- ST- ZIP	VP BESS, DAVID S 815-52ND AVE N ST PETERSBURG FL 33703	<b>≥</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-Z:P		☐ Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T TYE 6354 LAR 60	6 BLUME 118 TH AVE N. 1, FL 33773		] Change	<b>∭</b> Acdition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	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 logal 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 fichanged, or on an attact ment with an address, with all other like empowered.

SICHATIPE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

727.546-3561

Daytime Phone #

CR2E034 (10/00