

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90025 012 \*\*\*150.00

**DOCUMENT # P97000079357**

1. Entity Name

**TECH ONE ENGINEERING, INC.**

Principal Place of Business

Mailing Address

**1 RABBITS RUN  
 PALM BEACH GARDENS FL 33418**

**1 RABBITS RUN  
 PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

3. Mailing Address

**134 TIMBER LANE**

**134 TIMBER LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**JUPITER, FLORIDA**

**JUPITER, FLORIDA**

Zip

Country

Zip

Country

**33458**

**PALM BEACH**

**33458**

**PALM BEACH**

4. FEI Number

**65-0796481**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNETT, JAMES T  
 860 US HWY ONE, STE. 210  
 N. PALM BEACH FL 33408**

Name

**JOSEPH MATTHEWS**

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

**860 US HWY ONE, STE 210**

City

**N PALM BEACH,**

**FL**

Zip Code

**33408**

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 Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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 NAME ☐ Delete  
**D**  
**BURGE, JOSEPH C**  
 STREET ADDRESS  
**1 RABBITS RUN**  
 CITY-ST-ZIP  
**PALM BEACH GARDENS FL 33418**

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

TITLE NAME ☐ Delete  
**P**  
**BURGE, JANE E**  
 STREET ADDRESS  
**1 RABBITS RUN**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL 33418**

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
 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 C. BURGE**

**2/04/02**

**561 748-1329**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)