FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2002 8:00 am P97000089436 **Secretary of State** DOCUMENT # 1. Entity Name 02-01-2002 90062 027 ***150.00 STEPHEN Y. CHUN CIVIL ENGINEERING, INC. Principal Place of Business Mailing Address 2304 E. ROBINSON STREET 2304 E. ROBINSON STREET ORLANDO FL 32803 ORLANDO FL 32803 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 59-3473441 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 CHUN, STEPHEN Y Street Address (P.O. Box Number is Not Acceptable) 201 NORTH GLENWOOD AVENUE ORLANDO FL 32803 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** Delete TITLE TITLE Chun, Stephen Y. CHUN, STEPHEN Y NAME NAME 201 N. Glenwood Ave. STREET ADDRESS 201 N GLENWOOD AVE STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP Orlando, FL 32803 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE Horlander, Scott G. NAME NAME 2020 Siesta Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, FL TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE nh2 NAME. NAME STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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:

ED OR PRINTED NAME OF SIGN

changed, or on an attachment with an address with all other like empowered