

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100521

1. Entity Name

SIBERT ENGINEERING SERVICES, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90009 036 \*\*\*158.75

Principal Place of Business  
1700 WALNUT AVE  
~~SUITE 448~~  
WINTER PARK FL 32789  
US

Mailing Address  
127 W. FAIRBANKS  
~~SUITE 448~~  
WINTER PARK FL 32789-4312  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

# 448

Suite, Apt. #, etc.

# 448

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3479726

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MELLEN, TONYA S  
127 WEST FAIRBANKS  
# ~~SUITE 448~~  
WINTER PARK FL 32789

## 7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P MELLEN, TONYA S	1700 WALNUT AVE	WINTER PARK FL 32789	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

*Tonya S. Mellen* TONYA S. MELLEN

Date

4-1-00

Daytime Phone #

407-740-5216

CR2E034 (9/99)