

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90278 020 ***150.00

DOCUMENT # *P97000104673*

1. Entity Name

SLIDERULE ENGINEERING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1580 TAMARACK WAY

Suite, Apt. #, etc.

3. Mailing Address
1580 TAMARACK WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number 65-0807136

Applied For.
Not Applicable

Zip
33414

Country
USA

Zip
33414

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARGOLIES, MARJORIE S

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

2101 CORPORATE BLVD, STE 300

City BOCA RATON

FL

Zip Code
33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *P*
NAME ALEXIS, MARK D
STREET ADDRESS 1580 TAMARACK WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE *V*
NAME PRIVITERA, PETE
STREET ADDRESS 355 WINTERS STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33405

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK D. ALEXIS 4/21/2003

Date

Daytime Phone #

CR2E034B (12/02)