## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90136 013 \*\*\*150.00 DOCUMENT # P9800005073 ENGINEERING CONSTRUCTION CONSULTANTS, INC. Mailing Address Principal Place of Business 2033 E. EDGEWOOD DRIVE 2033 E. EDGEWOOD DRIVE SUITE 3 SUITE 3 UUUUZUJO LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address 5336 US 98 N 5336 US Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3497102 City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOOD, LEONARD G Street Address (P.O. Box Number is Not Acceptable) 228 ASH LANE LAKELAND FL 33813 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change ☐ Addition Z Delete TITLE WOOD, LEONARD G NAME NAME 228 ASH LANE STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP YSD ☐ Addition TSVD ☐ Delete TITLE GREEN, ROBERT F 1880 N. Crystal Lake Drive, Unit 32 Lakeland, FL-33801 NAME NAME 1195 S. FIRST AVENUE STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE ZULLO, LEONARD A NAME NAME 10904 LINDA VISTA DRIVE STREET ADDRESS STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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 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

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