

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90063 031 ***150.00

DOCUMENT # P98000005073

1. Entity Name

ENGINEERING CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business

**5336 US 98 NORTH
LAKELAND FL 33809**

Mailing Address

**5336 US 98 NORTH
SUITE 3
LAKELAND FL 33809**

2. Principal Place of Business

6536 Stadium Dr.

3. Mailing Address

6536 Stadium Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zephyrhills, Florida

Zephyrhills, Florida

Zip
33540

Country
USA

Zip
33540

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEL Number

59-3497102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZULLO, LEONARD A
10904 LINDAVISTA DR
DADE CITY FL 33525**

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, 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

TITLE **VSD** ☐ Delete
NAME **GREEN, ROBERT F**
STREET ADDRESS **1880 N CRYSTAL LAKE DR UNIT32**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **V/D** ☐ Delete
NAME **ZULLO, LEONARD A**
STREET ADDRESS **10904 LINDA VISTA DRIVE**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PTD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: **Robert F. Green** Robert F. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 863-715-1961

CR2E034 (9/01)