

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036748

1. Entity Name

ENGINEERINGWEB, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90123 020 ***150.00

Principal Place of Business

Mailing Address

126203 BEACH BLVD
 PMB 322
 JACKSONVILLE FL 32246

126203 BEACH BLVD
 PMB 322
 JACKSONVILLE FL 32246

2. Principal Place of Business

12620-3 BEACH BLVD

3. Mailing Address

12620-3 BEACH BLVD

Suite, Apt. #, etc

322

Suite, Apt. #, etc

322

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32246

Country

USA

Zip

32246

Country

USA

4. FEI Number

65-0841875

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RASHEED, BARBARA
 11400 GIBRALTAR PLACE
 TEMPLE TERRACE FL 33617

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DEXTER, FRANCIS	
STREET ADDRESS	1110 ATLANTIC BLVD #415	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEBLIN, FRANCIS	
STREET ADDRESS	1110 ATLANTIC BLVD #415	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRANCIS, MERCILYN	
STREET ADDRESS	1110 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEXTER FRANCIS	
STREET ADDRESS	1700 MINDANAO DR. #1405	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBLIN FRANCIS	
STREET ADDRESS	1700 MINDANAO DR #1405	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCILYN FRANCIS	
STREET ADDRESS	1700 MINDANAO DR #1405	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dexter Francis

DEXTER FRANCIS

4/26/00

904 631 0525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)