

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90130 032 \*\*\*158.75

**DOCUMENT # P98000054759**

1. Entity Name

**SCIENTISTS AND ENGINEERS, INC.**

Principal Place of Business

Mailing Address

**1310 HEATHER RIDGE BLVD  
DUNEDIN FL 34698**

**1310 HEATHER RIDGE BLVD  
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

**1310 Heather Ridge Blvd**  
Suite, Apt. #, etc.

**1310 Heather Ridge Blvd.**  
Suite, Apt. #, etc.

City & State

**Dunedin, Florida**

City & State

**Dunedin, Florida**

4. FEI Number

**59-3526589**

Applied For

Not Applicable

Zip

**34698**

Country

**Pinellas**

Zip

**34698**

Country

**Pinellas**

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

**HAGLER, PAUL  
2951 LEISURE CT.  
PALM HARBOR FL 34683**

Name

**Paul Hagler**

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

**1922 Hudson Court**

City

**Oldsmar**

**FL**

Zip Code

**34677**

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

*Paul Hagler*

**Paul Hagler, Principal Engineer**

**2/23/01**

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HAGLER, PAUL E  
2951 LEISURE CT  
PALM HARBOR FL 34683** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1922 Hudson Court  
Oldsmar, Florida 34677** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HOUSEL, WILLIAM  
1409 JENNINGS DR  
HOLIDAY FL 35690** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2951 Leisure Court  
Palm Harbor, Florida 34683** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
HARVEY, ELLYNN  
1922 HUDSON COURT  
OLDSMAR FL 34677** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2951 Leisure Court  
Palm Harbor, Florida 34683** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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:

*Ellynn Harvey*

**ELLYNN HARVEY**

**2/23/01**

**727-738-9025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)