

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90320 005 ***158.75

DOCUMENT # P98000054759

1. Entity Name

SCIENTISTS AND ENGINEERS, INC.



Principal Place of Business
1310 HEATHER RIDGE BLVD
DUNEDIN FL 34698

Mailing Address
1310 HEATHER RIDGE BLVD
DUNEDIN FL 34698

2. Principal Place of Business

1280 Heather Ridge Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1280 Heather Ridge Blvd

Suite, Apt. #, etc.

City & State

Dunedin, Florida

Zip

34698

Country

USA

City & State

Dunedin, Florida

Zip

34698

Country

USA

4. FEI Number

59-3526589

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAGLER, PAUL
1922 HUDSON COURT
OLDSMAR FL 34677

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. 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

4/28/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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** ☐ Delete
NAME **HAGLER, PAUL E**
STREET ADDRESS **1922 HUDSON COURT**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE **ST** ☐ Delete
NAME **HARVEY, ELLYNN**
STREET ADDRESS **2951 LEISURE COURT**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

Paul Hagler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

727-138-9025
Daytime Phone #

0591406 AV

CR2E034 (10/02)