

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90128 048 \*\*\*150.00

**DOCUMENT # P98000063673**

1. Entity Name

**SALES ENGINEERING, INC. ✓**

Principal Place of Business

**3941 N.E. 31ST AVENUE  
LIGHTHOUSE PORT FL 33064 ✓**

Mailing Address

**3941 N.E. 31ST AVENUE  
LIGHTHOUSE PORT FL 33064-8434 ✓**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0858484**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LABRET, STEVEN M  
226 HILLCREST STREET  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Thomas J. Pughe**  
Street Address (P.O. Box Number is Not Acceptable)  
**3941 NE 31 AVE.**

City **Lighthouse Pt., FL** Zip Code **33064**

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

**SEC. / TREAS.**

**1/8/00**

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

TITLE **PD** ☐ Delete  
NAME **PUGHE, CHARLES E**  
STREET ADDRESS **242 SHADOW BAY BLVD. S.**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **STD** ☐ Delete  
NAME **PUGHE, THOMAS J**  
STREET ADDRESS **3941 N.E. 31ST AVENUE**  
CITY-ST-ZIP **LIGHTHOUSE PORT FL 33064**

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/00**  
Date

**84-783-6900**  
Daytime Phone #

**907503**



DO NOT WRITE IN THIS SPACE