

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066808

1. Entity Name

FELDMAN ENGINEERING CORP.

Principal Place of Business

885 POINT SEASIDE DR  
CRYSTAL BEACH FL 34681-1040

Mailing Address

POB 1040  
CRYSTAL BEACH FL 34681-1040  
US

2. Principal Place of Business

2598 Gary Cir

3. Mailing Address

POB 799

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Palm Harbor FL

Zip

34698

Country

USA

Zip

34682

Country

USA

4. FEI Number

59-3521258

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

LACRECQUE, EDWARD C  
1202 NEBRASKA AVENUE  
PALM HARBOR FL 34683

Name

Howard Feldman

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

2598 Gary Cir #100

City

Dunedin

FL

Zip Code

34698

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 Howard Feldman, Pres.

Signature, typed or printed name of registered agent and title if applicable

*Howard Feldman*

(NOTE: Registered Agent's signature required when reinstating)

4/11/00

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	D	<input type="checkbox"/> Delete
NAME	FELDMAN, HOWARD	
STREET ADDRESS	POB 1040	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681-1040	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, SHEILA G	
STREET ADDRESS	POB 1040	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681-1040	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	POB 799	
CITY-ST-ZIP	Palm Harbor FL 34682	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	POB 799	
CITY-ST-ZIP	Palm Harbor FL 34682	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

*Howard Feldman* Howard FELDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/00 727 733 2929

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90306 002 \*\*\*150.00