## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

## **FILED** Apr 30, 2002 8:00 am Secretary of State P98000066808 **DOCUMENT #** 1. Entity Name FELDMAN ENGINEERING CORP. 04-30-2002 90067 022 \*\*\*150.00 Principal Place of Business Mailing Address POB 799 2598 GARY CIR PALM:HARBOR FL 34682 #100 DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3521258 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FELDMAN, HOWARD Street Address (P.O. Box Number is Not Acceptable) 2598 GARY CIR .\* #100 **DUNEDIN FL 34698** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ■ Addition ☐ Delete TITLE TITLE FELDMAN, HOWARD NAME NAME **POB 799** STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34682 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE feldman, sheila g NAME STREET ADDRESS POB 799 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34682 CITY-ST-7IP . Change Addition Delete -TITLE -TITLE --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daylime Phone #