

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90231 041 ***150.00

0365271 AV

DOCUMENT # P98000099407

1. Entity Name

NORTH PALM ENGINEERING, INC.

Principal Place of Business

**721 US HIGHWAY ONE
SUITE 115
NORTH PALM BEACH FL 33408
US**

Mailing Address

**636 RIVERSIDE ROAD
NORTH PALM BEACH FL 33408
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**721 U.S. Highway One
Suite, Apt. #, etc.
Suite 207**

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

City & State

Zip

33408

Country

USA

Zip

Country

4. FEI Number

65-0904966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARAL, ERSIN
636 RIVERSIDE ROAD
NORTH PALM BEACH FL 33408**

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.

SIGNATURE

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, 2002 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 **P** ☐ Delete
NAME **ARAL, ERSIN**
STREET ADDRESS **636 RIVERSIDE ROAD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VTS** ☐ Delete
NAME **ROGERS, THOMAS J**
STREET ADDRESS **375 RIVER EDGE ROAD**
CITY-ST-ZIP **JUPITER FL 33477**

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02
Date

Daytime Phone #

CR2E034 (9/01)