## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000037094 May 18, 2000 8:00 am 1. Entity Name Secretary of State ELECTRO-MECHANICAL ENGINEERING & DESIGN, INC. 04-27-2000 90125 007 \*\*\*150.00 Principal Place of Business Mailing Address THE TOND LANE NORTH 5324-72ND-LANE-NORTH ST\_PETERSBURG\_FL 33709 2645 ST PETERSBURG FL 33709 7752 6674 STREET-7752 66 THETREET NORTH 2. Principal Place of Business 3. Mailing Address NORTH 7752 66TH ST. NORTH 7752 66 TH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State PINELLAS PARK, FL. 59-3604180 PINELLAS PARK, FL. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33781-3100 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS LZERPAS Name MO-VIETARICAL EDGALEMY SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 7752 6674 City PINELLAS PARK rpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. - Change ☐ Addition PTD TIRE PTD Delete TITLE ZERFAS, LEWIS C. 7752 GGTH ST. NORTH MAME NAME ZERFAS, LEWIS L CR2E034 STREET ADDRESS STREET ADDRESS 5324 72ND LANE NORTH CITY-ST-ZIP PINELLAS PARK, FL. 33781-3100 CITY-ST-ZIP ST PETERSBURG FL 33709 'SVD Delete TITLE SMITH MICHAEL R. NAME SMITH, MICHAEL R NAME 7752 66 TH ST. NORTH STREET ADDRESS 5324 72ND LANE NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL, 33781-3100 CITY-ST-7IP ST PETERSBURG FL 33709 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete mue. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the report of 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 attach

SIGNATURE: