2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048425

1. Entity Name

PAK ENGINEERS INCORPORATED

Principal Place of Business

Mailing Address

2282 HIDDEN LAKE DR. PALM HARBOR FL 34683 2282 HIDDEN LAKE DR. PALM HARBOR FL 34683

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent

FILED May 12, 2001 8:00 am Secretary of State

05-12-2001 90035 047 ***150.00

CUU63004



DO NOT WRITE IN THIS SPACE

4.	FEI Number	59-3611886				Applied For
						Not Applicable
5.	Certificate of S	tatus Desired	V	\$8.7	75 .	Additional

Fee Required

KUBUS, PAUL A 2282 HIDDEN LAKE DR. PALM HARBOR FL 34683

Name		 -						
Street Address (P.O. Box Numb	per is Not Acceptable)			<u>-</u>				
City		FL	Zip Code					

7. Name and Address of New Registered Agent

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KUBUS, PAUL A NAME STREET ADDRESS 2282 HIDDEN LAKE DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM HARBOR FL 34683 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 eport 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 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 attachment

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF

4-26-01 727