

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074515

1. Entity Name

ENGINEERS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90129 002 ***150.00

Principal Place of Business

Mailing Address

~~2385 CHASE HAMMOCK RD.~~
~~MERRITT ISLAND FL 32953~~

2385 CHASE HAMMOCK RD.
MERRITT ISLAND FL 32953-7522

2. Principal Place of Business

2425 N. COURTENAY

3. Mailing Address

Suite, Apt. #, etc.

SUITE 1A

City & State

MERRITT ISLAND FL

City & State

Zip

32953

Country

Zip

Country

4. FEI Number

59-3601430

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

SLAUGHTER, T. EDWARD

~~2385 CHASE HAMMOCK RD.~~

~~MERRITT ISLAND FL 32953~~

2425 N. COURTENAY, SUITE 1A
MERRITT ISLAND FL 32953

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 of registered agent and type if applicable

T. EDWARD SLAUGHTER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SLAUGHTER, T. EDWARD	2385 CHASE HAMMOCK RD.	MERRITT ISLAND FL 32953	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this report 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
T. EDWARD SLAUGHTER

4/17/00

(321)
453-0512

Date

Daytime Phone #

CR2E034 (9/99)