

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000077588

FILED  
May 02, 2002 8:00 AM  
Secretary of State

**Entity Name:** PROFESSIONAL CONTRACTORS & ENGINEERS, INC.

**Current Principal Place of Business:**

26530 MALLARD WAY  
STE A  
PUNTA GORADA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7509  
COLUMBIA, MO 65205

**New Mailing Address:**

**FEI Number:** 65-0946929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, JAMES E III  
1625 WEST MARION AVENUE, SUITE 2  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIMON, W. CRAIG  
Address: 4250 E BROADWAY SUITE 890  
City-St-Zip: COLUMBIA, MO 65205

Title: D ( ) Delete  
Name: STEVENS, CHRISTOPHER J  
Address: 2000 VOSS OAKS CIRCLE  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: BEVERLY, JULIAN T  
Address: 1480 NARRANJA ST.  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SIMON, W. CRAIG  
Address: 5900-C NORTH TOWER DRIVE  
City-St-Zip: COLUMBIA, MO 65202

Title: D (X) Change ( ) Addition  
Name: ROBE, MATTHEW W  
Address: 5900-C NORTH TOWER DRIVE  
City-St-Zip: COLUMBIA, MO 65202

Title: D (X) Change ( ) Addition  
Name: BEVERLY, JULIAN T  
Address: 1480 NARRANJA ST.  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW W. ROBE

D

05/02/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date