## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P99000081192

1. Entity Name

LU-C ENGINEERING, INCORPORATED

05-21-2003 90194 034 \*\*\*150.00

FILED

May 21, 2003 8:00 am § Secretary of State

Principal Place of Business

1055 S. HIAWASSEE ROAD. #2022

ORLANDO FL 32835

Mailing Address

1055 S. HIAWASSEE ROAD. #2022

ORLANDO FL 32835



Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 2 Applied For City & State City & State 4. FEI Number 59-3595348 rlando Orlando Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 32836 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

TRAM, QUYEN M 1055 S. HIAWASSEE ROAD, #2022 ORLANDO FL 32835

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTS ☐ Delete TITLE ☐ Change Addition TITLE NAME TRAM, QUYEN M NAME STREET ADDRESS STREET ADDRESS 1055 S HIAWASSEE RD 2022 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Change Delete TITLE Addition TITLE NAME NAME GURR, ERIC STREET ADDRESS STREET ADDRESS 1055 S HIAWASSEE RD 2022 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 Change Addition ☐ Delete TITLE TITLE 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-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIT! F ☐ Delete TITLE Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO