1/21/02 941-596-2866 Date Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # P99000102513  1. Entity Name					Feb 07, 2002 8:00 am Secretary of State				
	N ENGINEERING CORP.				02-07-2002 90				
Principal Place of Business Mailing Address 1100 COMMERCIAL BLVD. SUITE 119 NAPLES FL 34104 Mailing Address 1100 COMMERCIAL BLVD. SUITE 119 NAPLES FL 34104			OMMERCIAL BLVD. SUITE 119						
Principal Place of Business     3. Mailing Address								<b>1</b> 1101 1100 1111 1101	
Suite Apt.	Strand Ct. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat		City & State Naples, FL			4. FEI Number 59-3611771 Applied For Not Applicable				
Zip 34110		<sup>Zio</sup> 34/10	Country			of Status Desired	☐ Fee Red	Additional juired	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
JEPPESEN, GREGORY D 1100 COMMERCIAL BLVD, SUITE 119				Street Address (P.Q. Box Number is Not Acceptable)  5672 Strand C+.					
NAPLES FL 34104				Suite Z					
			City	aples			FL Zip	Code 4//0	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	<u> </u>				nen reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After May 1, 2002  Make Check Payable				50.00 Trust Fund Contribution Added to Fees			5.00 May Be ided to Fees		
11	OFFICERS AND	DIRECTORS	12.		ADDITIONS/	CHANGES TO OFFIC			
TITLE , NAME  STREET ADDRESS	DPST JEPPESEN, GREGORY D 1100 COMMERCIAL BLVD, SUITE 119			5672	. Strano	1ct-Suite	Z Char	nge	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Napl	es IFL	34110			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Char	nge 🔲 Addition	
TITLE NAME		☐ Delete	TITLE NAME	<del></del>			☐ Char	nge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS				☐ Char	ige 🗌 Addition	
STREET ADDRESS CITY-\$T-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE NAME				☐ Char	ige 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP	.9	e ae-	STREET ADDRESS CITY-ST-ZIP	*					
TITLE NAME		☐ Delete	TITLE NAME		<u></u> -		☐ Char	ge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	· 					
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my wered to execute this report a	y signature shall ha	ave the sa	me legal effec	t as if made under oa	th; that I am an off	icer or director	

SIGNATURE REGISTRATE PESEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: