2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90242 042 ***150.00

013025

DOCUMENT # P99000106728

1. Entity Name
AXIOM ENGINEERING, INC.

D0008042

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3606 NW 84 AVE STE 101 CORAL SPRINGS FL 33065	3606 NW 84 AVE STE 101 CORAL SPRINGS FL 33065

2. Principal Place of Business	3. Mailing Address
10211 W. SAMPLE RD	
Suite, Apt. #, etc.: 106	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State
Zip: 33065 Country: BROWARD	Zip / Country

4. FEI Number 65-0967435 ☐ 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
FAERMAN, EDWIN M 3606 NW 84 AVE STE 101 CORAL SPRINGS FL 33065	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 _____ EDWIN M FAERMAN 1/4/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 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!!! FEE IS $150.00
After MAY 1, 2001 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	PT FAERMAN, EDWIN M 3606 NW 84 AVE CORAL SPRINGS FL 33065	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS PALMER, JEFFREY D 1727 NW 107 DR CORAL SPRINGS FL 33071	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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 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: _____ EDWIN M. FAERMAN 1/4/00 954-757-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #