FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91418 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02354

1. Entity Name
DEYOUNG ENGINEERING & MANAGEMENT, INC.

11040413

Principal Place of Business	Mailing Address
6442 US HIGHWAY 27 SOUTH SEBRING, FL 33876-5735	6442 US HIGHWAY 27 SOUTH SEBRING, FL 33876-5735

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3028917 — 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
DEYOUNG, CURTIS J 6442 US HIGHWAY 27 SOUTH SEBRING, FL 33876	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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPT ☐ Delete	☐ Change ☐ Addition
NAME	DEYOUNG, CURTIS J	
STREET ADDRESS	6442 U.S. HWY 27 S.	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE	DS ☐ Delete	☐ Change ☐ Addition
NAME	DEYOUNG, LINDA	
STREET ADDRESS	6442 U.S. HWY 27 SO.	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] /Curtis J. DeYoung, Pres. 5-1-03 (863)386-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #