

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90157 033 ***150.00

DOCUMENT # **S06654**

1. Entity Name
ENGINEERING DYNAMICS INC.



Principal Place of Business
**3403 TARPON WOODS BLVD.
PALM HARBOR FL 34685**

Mailing Address
**PO BOX 4824
PALM HARBOR FL 34685**



2. Principal Place of Business

3. Mailing Address

1720 RICHARD ERVIN PARKWAY
Suite, Apt. #, etc.

1720 RICHARD ERVIN PARKWAY
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TARPON SPRINGS, FL

City & State
TARPON SPRINGS, FL

4. FEI Number
59-3034885

Applied For
Not Applicable

Zip
34688

Country
USA

Zip
34688

Country
USA

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

**CHAMBERLIN, BETH E.
3403 TARPON WOODS BLVD.
PALM HARBOR FL 34685**

Name

Street Address (P.O. Box Number is Not Acceptable)

1720 RICHARD ERVIN PARKWAY

City
TARPON SPRINGS

FL

Zip Code
34688

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHAMBERLIN, ROBERT
3403 TARPON WOODS BLVD
PALM HARBOR FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1720 RICHARD ERVIN PARKWAY
TARPON SPRINGS, FL 34688

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHAMBERLIN, BETH
3403 TARPON WOODS BLVD
PALM HARBOR FL 34685

☐ Delete

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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: **BETH E. Chamberlin** **3/17/03** **727-945-1103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (10/02)