

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91038 032 ***150.00

0492853 AV

DOCUMENT # S12461

1. Entity Name
NORTHSIDE ENGINEERING SERVICES, INC.



Principal Place of Business

**304 S BELCHER RD
SUITE C
CLEARWATER FL 33765
US**

Mailing Address

**304 S BELCHER RD
SUITE C
CLEARWATER FL 33765
US**



2. Principal Place of Business

601 CLEVELAND ST

3. Mailing Address

601 CLEVELAND ST

Suite, Apt. #, etc.

STE 930

Suite, Apt. #, etc.

STE 930

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33755

Country

US

Zip

33755

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3037773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GHOVAEE, HOUSHANG
304 S BELCHER RD
SUITE C
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name **SAME**

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

601 CLEVELAND ST

STE 930

City

CLEARWATER

FL

Zip Code

33755

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

4-16-03

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

TITLE **P** ☐ Delete
NAME **GHOVAEE, HOUSHANG**
STREET ADDRESS **304 S BELCHER RD STE C**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **ST** ☐ Delete
NAME **ROUSH, KENNETH H**
STREET ADDRESS **304 S BELCHER RD STE C**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

727 4432869

Daytime Phone #

CR2E034 (10/02)