**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S22213  1. Entity Name BIRKET ENGINEERING, INC.						Apr 11, 2001 8:00 am Secretary of State 04-11-2001 90004 048 ***158.75				
Principal Plac	ce of Business	Mailing Address	<del></del>							
6355 METROWEST BLVD. 220		6355 METROWEST BLVD. 220					•			
ORLANDO FL 32835 US		ORLANDO FL 32835 US				942953				
2. Principal Place of Business 568 W. Silver Star Rd. Ext. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 610190								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NO	OT WRITE IN TH	HIS SPACE		
City & State Ocoee, FL		City & State Ocoee, FL			4.	FEI Number 59-30	4 1085	<b>⊢</b>	pplied For ot Applicable	
34761	Country USA	34761-0190	Country USA	y 		Certificate of Status De		\$8.75 Add Fee Require		
	6. Name and Address of Current R	legistered Agent		Name	7.	Name and Address of	New Register	ed Agent		-
BIRKET, GLENN A. 6355 METROWEST BLVD. STE 220 ORLANDO FL 32835				568 M	ress (P.O. I	Box Number is Not Acc er Star Road	l Extensi	ion	le.	- - - - -
SIGNATURE  9. This corporate filling is	signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.		:: Registered A	Agent signature  S \$150.00 ill be \$550	required when re		DAT , aign Financing	\$5.0	00 May Be	
11.	OFFICERS AND D	<u></u>	12.			DITIONS/CHANGES	O OFFICERS A	AND DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete BIRKET, GLENN A., P.E. 6355 METROWEST BLVD. SUITE 220				M Change ☐ Addition  1936 Westpointe Circle  Orlando, FL 32835					E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRKET, DANIEL S PO BOX 608637 ORLANDO FL 32860-8637	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP				☐ Change	☐ Addition	683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GODOY, MARCIAL A 4548 ZURICH CT ORLANDO FL 32835	Delete	NAME STREET CITY-ST	ADDRESS				Chango_	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABIS, EDWARD A 8619 SUGAR PALM CT ORLANDO FL 32835	☐ Delete	TITLE NAME STREET	ADDRESS r-zip				☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET / CITY~ST	ADDRESS - ZIP				☐ Change	☐ Addition	
indicated of the corp changed,	ertify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address	rue and accurate and that me rered to execute this report a	v signatur	e shall have	e the same I er 607, Flori	egal effect as if made da Statutes; and that n	under oath: that	t kam an officer	or director	
SIGNAT	URE: SIGNATURE AND TYPE DEPRIN	Glening of Signing Officer of		Birket		7 - 4 - 0 1 Date	407	290-200 Daytime Phone #	0	