## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Feb 12, 2001 8:00 am Secretary of State **DOCUMENT # S31217** 1. Entity Name PINE DESIGN ENGINEERING SERVICES COMPANY 02-12-2001 90213 010 \*\*\*158.75 Principal Place of Business Mailing Address 550 94TH AVE, NORTH 1631 COMMERCE AVE N ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address 550 94th Avenue N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State St. Petersburg, FL 4. FEI Number Applied For 59-3055750 Not Applicable Zip Zip 33702 Country Country \$8.75 Additional XX 5. Certificate of Status Desired Pinellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SABLICH, MARK Street Address (P.O. Box Number is Not Acceptable) 103 92ND AVE NE ST PETERSBURG FL 33702 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition P/S/T/D NAME SABLICK, MARK NAME Sablich, Mark STREET ADDRESS STREET ADDRESS 103 92ND AVENUE N.E. 103 \_92nd Avenue\_NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Petersburg, FL ☐ Delete TITLE D ☐ Change Addition NAME SABLICH, MILAN NAME Sablich, Virginia 4675 Dolphin Cay Ln. S. STREET ADDRESS 4675 DOLPHIN CAY LN SO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL St. Petersburg, FL TITLE **X** Delete TITLE Change X Addition MAHAZ, JOSEPH NAME LeFever, William NAME STREET ADDRESS 1920 GLEN LAKES BLVD. N STREET ADDRESS 6526 Creekview Terrace CITY-ST-ZIP CITY-ST-ZIP ST. PETE FL Pinellas Park, FL TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME Hoffman, Edward STREET ADDRESS 9942 56th Way N. Pinellas Park, FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

DEPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Mark Sablich

727/577-0080

Daytime Phone #