

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90011 038 ***150.00

DOCUMENT # S56991

1. Entity Name
CHURCH & COMPANY ENGINEERS, INC.

Principal Place of Business 3412 KORI ROAD SUITE 1 JACKSONVILLE FL 32257-5454	Mailing Address 3412 KORI ROAD SUITE 1 JACKSONVILLE FL 32257-5454
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4433 Millstone Ct Suite, Apt. #, etc.	3. Mailing Address 4433 Millstone Ct. Suite, Apt. #, etc.
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City & State Jacksonville FL	City & State Jacksonville FL	4. FEI Number 59-3073274	Applied For <input type="checkbox"/> Not Applicable
Zip 32257 3385	Country USA	Zip 32257-3385	Country USA

6. Name and Address of Current Registered Agent CHURCH, JANET 4433 MILLSTONE CT JACKSONVILLE FL 32210	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	NAME CHURCH, JANET L	TITLE	NAME
STREET ADDRESS 4433 MILLSTONE CT	CITY-ST-ZIP JACKSONVILLE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VS	NAME CHURCH, C RAYMOND	TITLE	NAME
STREET ADDRESS 4433 MILLSTONE CT	CITY-ST-ZIP JACKSONVILLE FL	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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 an other like empowered.

SIGNATURE: *Janet L Church* **SIGNATURE REQUIRED** 27 March 2000 904 260 0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)