## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **S77550** ENGINEERING & ENVIRONMENTAL DESIGN, INC. 01-20-2000 90095 039 \*\*\*158.75 Principal Place of Business Mailing Address 807 S. ORLANDO AVE. 807 S. ORLANDO AVE. SUITE C SHITE C WINTER PARK FL 32789 WINTER PARK FL 32789-4870 2. Principal Place of Business 3. Mailing Address 122 E. COLONIAL Drive 122 E. Colonial DrivE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 200 SuiTE Suitz 200 Applied For City & State 4. FEI Number 59-3082047 ORLANDO Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 2801 32801 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES HUCKEBA, JAMES C Street Address 807 S. ORLANDO AVE. SUITE C WINTER PARK FL 32789 City atement for the purpose of changing it<u>s reg</u>istered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURA d agent and title if applicable This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE RAY, LARRY T NAME NAME 3347 EDGECLIFFE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete TITLE **□** • Change Addition HUCKEBA, JAMES C. 1255 PARK PUNTE LANE TITLE HUCKEBA, JAMES C NAME NAME 31540 SOARING HAWK LANE STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP SORRENTO FL 32776 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 district employees 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 attazing it with an appears with full other like empowered.

FILED