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0115521 **DOCUMENT #** V16822 1. Entity Name ≥ TOTAL ENGINEERING ALLIANCE, INC. Principal Place of Business Mailing Address 4730 SEMINOLE TRAIL 4730 SEMINOLE TRAIL MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address 4515 DEANNA 4515 DEANNA COURT Suite, Apt. #, etc City & State City & State 4. FEI Numb MERRITTSLAND, FL MERRITTISCAND, Country 5. Certificate 32953 USA USA 6.-Name and Address of Current Registered Agent -a - 7. Name and SAME ROSE, KENNETH R. Street Address (P.O. Box Number **4730 SEMINOLE TRAIL MERRITT ISLAND FL 32953** 4515 DEANI MERRITT ISLA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible **10.** Ele Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/ 12. TITLE $\sigma \overline{q}$ ☐ Delete TITLE ROSE, KENNETH R. ROSE, KEN NAME STREET ADDRESS 4730 SEMINOLE TR. STREET ADDRESS 4515 DEAN CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME RUTTE, JOHN R. NAME STREET ADDRESS 380 HARBOR DRIVE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP TITLE Delete TITLE NAME DEITHORN, DAVID A. NAME STREET ADDRESS 457 WATERWAY DR. STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TRAYLOR, RONALD D. 165 CATALINA ISLE DR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP MERRITT ISLAND FL 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

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

KSPARTURE(KEMVETHER. Rose) SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

2001 UNIFORM BUSINESS REPORT (UBR)