2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V17312** Feb 27, 2000 8:00 am 1. Entity Name Secretary of State MAI ARCHITECTS ENGINEERS, INC. 02-27-2000 90073 006 ***150.00 Mailing Address Principal Place of Business 1990 W. NEW HAVEN AVE 152 HARBOR CITY BL **STE 100** SUITE 105 MELBOURNE FL 32935-6761 MELBOURNE FL 32904 Olumba 2. Principal Place of Business 3. Mailing Address ISO W. HARBOR CITY BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4100 Applied For City & State City & State 4. FEI Number 59-3112937 MEUBOURNE Not Applicable Zip . Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENZEL, DAVID T. Street Address (P.O. Box Number is Not Acceptable) 152 N HARBOR CITY BLVD STE 100 **MELBOURNE FL 32935** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Addition ☐ Change TITLE Delete TITLE MENZEL, DAVID T. NAME NAME 152 N HARBOR CITY BLVD STE 100 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Change ☐ Addition TITLE ☐ Delete MENZEL, ROBERT W JR NAME 152 N HARBOR CITY BLVD STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP TITLE Change "['] Addition TITLE Delete MENZEL. JACQUELINE NAME NAME 152 N HARBOR CITY BLVD STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 eport 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.

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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changed, or off all attachment with all address, with all other like empowered

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND POPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



757-3034

Addition

☐ Addition

Daytime Phone #

☐ Change

☐ Change