

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90382 028 ***150.00

DOCUMENT # V17312

1. Entity Name

MAI ARCHITECTS ENGINEERS, INC.

Principal Place of Business

**152 N HARBOR CITY BLVD
 #100
 MELBOURNE FL 32935
 US**

Mailing Address

**152 N HARBOR CITY BLVD
 #100
 MELBOURNE FL 32935
 US**

2. Principal Place of Business

2200 FRONT STREET

3. Mailing Address

2200 FRONT STREET

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32901

Country

USA

Zip

32901

Country

USA

4. FEI Number

59-3112937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MENZEL, DAVID T.

152 N HARBOR CITY BLVD

STE 100

MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

DAVID T. MENZEL, P.E.

Street Address (P.O. Box Number is Not Acceptable)

2200 FRONT STREET

SUITE 300

City

MELBOURNE

FL

Zip Code

32901

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)

DATE

4-22-02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MENZEL, DAVID T.	
STREET ADDRESS	152 N HARBOR CITY BLVD STE 100	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	T	<input type="checkbox"/> Delete
NAME	MENZEL, JACQUELINE	
STREET ADDRESS	152 N HARBOR CITY BLVD STE 100	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARRINER, GERALD	
STREET ADDRESS	152 N HARBOR CITY BLVD STE 100	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 all other like empowered.

SIGNATURE:

DAVID T. MENZEL REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 (321) 787-3034

Date

Daytime Phone #

CR2E034 (9/01)