

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91333 043 ***158.75

DOCUMENT # **✓ 46358**
1. Entity Name
AMERICAN ENGINEERING CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 790 HARBOUR DR. Suite, Apt. #, etc.	3. Mailing Address 790 HARBOUR DR. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NAPLES, FL	City & State NAPLES, FL	4. FEI Number 65-0343498	Applied For Not Applicable
Zip 34103	Country COLLIER	Zip 34103	Country COLLIER
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HURT, RONALD L.
Street Address (P.O. Box Number is Not Acceptable) 790 HARBOUR DR
City NAPLES FL Zip Code 34103

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DIRECTOR HURT, RONALD L. 537 BAY VILLAS LN NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT NEAL, T. ALAN 149 DORAL CIR NAPLES, FL 34113	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT PINCKNEY, MARTIN 1120 LAKESHORE PLACE NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: **Ronald L. Hurt** **RONALD L. HURT** **4/29/02** **239-649-1551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)