

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 439862

1. Entity Name

WILLIAM M. BISHOP CONSULTING ENGINEERS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90129 040 ***158.75

Principal Place of Business

Mailing Address

715 NORTH CALHOUN STREET
PO BOX 3407
TALLHASSEE FL 32303
US

715 NORTH CALHOUN STREET
PO BOX 3407
TALLHASSEE FL 32315-3407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1499918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLBERT, JAN B.
715 NORTH CALHOUN STREET
TALLHASSEE FL 32303

Name

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

City

FL

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, WILLIAM M.		NAME	Nelson, Gwendolyn J.	
STREET ADDRESS	715 N CALHOUN ST.		STREET ADDRESS	715 N. Calhoun St.	
CITY-ST-ZIP	TALLHASSEE FL 32303		CITY-ST-ZIP	Tallahassee, Fl. 32303	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, MICHAEL P PE		NAME	Marston, Sean K.	
STREET ADDRESS	715 N CALHOUN ST.		STREET ADDRESS	715 N. Calhoun St.	
CITY-ST-ZIP	TALLHASSEE FL 32303		CITY-ST-ZIP	Tallahassee, Fl. 32303	
TITLE	PT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLBERT, JAN B		NAME	Bishop, Jean T.	
STREET ADDRESS	715 N. CALHOUN STRET		STREET ADDRESS	715 N. Calhoun St.	
CITY-ST-ZIP	TALLHASSEE FL 32303		CITY-ST-ZIP	Tallahassee, Fl. 32303	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Jan B. Colbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00
Date

850-222-0334
Daytime Phone #

CR2E034 (9/99)