

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 591951

1. Entity Name

C. VARGAS & ASSOCIATES LIMITED, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90046 046 ***158.75

Principal Place of Business

Mailing Address

8596 ARLINGTON EXPRESSWAY
P.O. BOX 8906
JACKSONVILLE FL 32211

8596 ARLINGTON EXPRESSWAY
P.O. BOX 8906
JACKSONVILLE FL 32211-8003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1891700

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

VARGAS, CLARK
4524 JULINGTON CREEK RD
JACKSONVILLE FL 32223

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 PD
NAME VARGAS, CLARK
STREET ADDRESS 4524 JULINGTON CREEK RD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE V
NAME Stephen V. Manis
STREET ADDRESS 3918 Cherokee Villa Lane
CITY-ST-ZIP Jacksonville, FL 32277 ☐ Change ☒ Addition

TITLE TD
NAME VARGAS, CLARK
STREET ADDRESS 4524 JULINGTON CREEK RD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:  SIGNATURE RICHARD VARGAS, P.E.

2/11/00

(904) 725-7131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)