

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G84971**

1. Entity Name
CIVIL-TECH DESIGN, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90046 025 ***150.00

Principal Place of Business

**1414 KINGSLEY AVE.
UNIT 3
ORANGE PARK FL 32073
US**

Mailing Address

**1414 KINGSLEY AVE.
UNIT 3
ORANGE PARK FL 32073
US**

2. Principal Place of Business

6010 DUCLAY ROAD

3. Mailing Address

6010 DUCLAY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32244

Country

USA

Zip

32244

Country

USA

4. FEI Number **59-2370915**

Applied For

Not Applicable

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

**KOHLER, CHARLES A
1414 KINGSLEY AVENUE
UNIT 3
ORANGE PARK FL 32073**

Name **KOHLER, CHARLES A**

Street Address (P.O. Box Number is Not Acceptable)
6010 DUCLAY ROAD

City **JACKSONVILLE**

FL

Zip Code **32244**

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

Charles A Kohler **CHARLES A KOHLER**

1-17-01

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, 2001 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 **DP** ☐ Delete
NAME **KOHLER, CHARLES A.**
STREET ADDRESS **1414 KINGSLEY AVE 6010 DUCLAY RD**
CITY-ST-ZIP **ORANGE PARK FL 32073 JACKSONVILLE, FL 32244**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles A Kohler **CHARLES A KOHLER** **1-17-01** **904-317-3006**

CR2E034 (10/00)