

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90229 042 ***150.00

DOCUMENT # **G84971**

1. Entity Name **CIVIL-TECH DESIGN, INC.**
INCORPORATED



Principal Place of Business
6010 DUCLAY ROAD
JACKSONVILLE FL 32244
US

Mailing Address
6010 DUCLAY ROAD
JACKSONVILLE FL 32244
US

2. Principal Place of Business
2515 Crooked Creek Pt
Suite, Apt. #, etc.

3. Mailing Address
2515 Crooked Creek Pt
Suite, Apt. #, etc.

City & State
Middleburg, FL 32068
Zip
32068
Country
USA

City & State
Middleburg, FL
Zip
32068
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

KOHLER, CHARLES A
6010 DUCLAY ROAD
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name **Kohler, Charles A**
Street Address (P.O. Box Number is Not Acceptable)
2515 Crooked Creek Pt
City **Middleburg, FL** Zip Code **32068**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Charles A. Kohler** **2-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOHLER, CHARLES A.		NAME		
STREET ADDRESS	6010 DUCLAY ROAD 2515 Crooked Creek Pt		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244 Middleburg, FL 32068		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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles A. Kohler** **2-10-03** **282-8520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)