

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90004 001 \*\*\*150.00

**DOCUMENT # H08375****1. Entity Name****JEFFREY C. FAWSETT, P.E., CONSULTING ENGINEER, I****Principal Place of Business****C/O JEFFREY C. FAWSETT, P.E.  
4824 S.W. 19TH STREET  
GAINESVILLE FL 32608****Mailing Address****C/O JEFFREY C. FAWSETT, P.E.  
4824 S.W. 19TH STREET  
GAINESVILLE FL 32608****2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State**

Zip

Country

Zip

Country

**4. FEI Number 59-2417499**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****FAWSETT, JEFFREY C., P.E.  
4824 S.W. 19TH STREET  
GAINESVILLE FL 32608****7. Name and Address of New Registered Agent**

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, 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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PDAT**  
**FAWSETT, JEFFREY C., P.E**  
**4824 S.W. 19TH ST.**  
**GAINESVILLE FL** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**ST**  
**ELHOLM, JANE T.**  
**4824 SW 19 ST**  
**GAINESVILLE FL** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
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**NAME**  
**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: Jeffrey C. Fawsett, P.E.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/01**

Date

**(352) 377-1425**

Daytime Phone #

CR2E034 (10/00)