

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031020

1. Entity Name
ATLANTIC GEOTECHNICAL & ENVIRONMENTAL SERVICES.

Principal Place of Business

Mailing Address

**BRADLEY RD. #2
JACKSONVILLE FL 32216**

**P.O. BOX 331373
ATLANTIC BEACH FL 32233-1373**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3318655

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

**BRIZENDINE, JUDITH
1770 CORTEZ ROAD
JACKSONVILLE FL 32246**

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 the filer, as 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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
MCMAHAN, BILL C
2455 BLUFFTON DR.
JACKSONVILLE FL 32224**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP
WEAVER, STEPHEN
7739 PRAVER DR. W.
JACKSONVILLE FL 32217**

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STREET ADDRESS
CITY-STATE-ZIP

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**S
BRIZENDINE, Judith
1770 Cortez Road
Jacksonville, FL 32246**

☐ Change ☒ Add

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KE

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/13/00 904 721-2347

FILED

00 MAR 22 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE