## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P95000031020 ATLANTIC GEOTECHNICAL & ENVIRONMENTAL SERVICES, 01-30-2001 90050 024 \*\*\*158.75 Principal Place of Business Mailing Address 9620 BRADLEY RD. #2 P.O. BOX 331373 ATLANTIC BEACH FL 32233 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3318655 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRIZENDINE, JUDITH Street Address (P.O. Box Number is Not Acceptable) 1770 CORTEZ ROAD JACKSONVILLE FL 32246 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. X Addition TITLE ☐ Delete MCMAHAN, BILL C NAME NAME 2455 BLUFFTON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP ☐ Addition DIDE ☐ Delete TITLE BRIZENDINE, JUDITA NAME 1770 CORTEZ ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32246 CITY-ST-ZIP TITLE Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

JUDITH G. BRIZENDINE 1-22-01 904 121