

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067031

1. Entity Name

AUSTIN ENVIRONMENTAL SERVICES, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90034 036 \*\*\*550.00

Principal Place of Business

ROUTE 1 BOX 12  
DEEN ROAD  
BUNNELL FL 32110  
US

Mailing Address

P O BOX 849  
BUNNELL FL 32110  
US

2. Principal Place of Business

4801 Highway U.S. 1

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bunnell FL

City & State

Zip

32110

Country

Zip

Country

4. FEI Number 59-3338131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUNTARP, PAUL M JR.  
4 OLD KINGS RD. NORTH, STE. B  
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name Paul M. Guntarp Jr

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

185 Cypress Point Parkway Suite 6

City Palm Coast

FL

Zip Code

32164

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE D  
NAME SCHATZ, EDWARD JR.  
STREET ADDRESS 17 EVANSVILLE LANE  
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Schatz, Edward E Jr ☒ Change ☐ Addition  
STREET ADDRESS 14 Sailfish Dr  
CITY-ST-ZIP Palm Coast FL 32137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

8.21.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)