## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000045632** Aug 21, 2000 8:00 am Secretary of State POMPANO CONSULTING ENGINEERS, INC. 08-21-2000 90207 032 \*\*\*558.75 Mailing Address Principal Place of Business 35 CLAYTON LAND 99 HOTZ AVENUE SANTA ROSA BEACH FL 32459-5701 **GRAYTON BEACH FL 32459** <u> ՄՄՄ</u> 1 8 9 9 9 9 2. Principal Place of Business 3. Mailing Address 138 Magnolia Street 138 Magnolia Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3456293 Not Applicable Santa Rosa Beach, Florida Santa Rosa Beach, Florida \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required <u> 32459</u> USA 32459 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Franklin H. Watson, P.A. MATTHEWS, DANA C ESQ Street Address (P.O. Box Number is Not Acceptable) 5365 E. County Highway 30-A **607 HWY 98 EAST** DESTIN FL 32541 Suite 105 City Seagrove Beach 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. (NOTE: Ponistered 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, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **CPST** TITLE ☐ Addition TITLE X Delete NAME ALDRICH, RUSSELL F NAME STREET ADDRESS 12605 EMERALD COAST PKWY STE 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 P,VP,S,T,D Change ☐ Addition ☐ Delete TITLE TITLE BUTLER, VANNESS R III BUTLER, VANNESS R III NAME NAME STREET ADDRESS 138 MAGNOLIA ST STREET ADDRESS 138 MAGNOLIA ST CITY-ST-ZIP CITY-ST-ZIP Santa rasa beach fl 32459 SANTA ROSA\_BEACH, ــــ , ۾ عبالا. . Addition \_ Delete --- -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtime Phone #