

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091162

1. Entity Name

DANA M. AUSTIN ENVIRONMENTAL CONSULTING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90246 033 ***150.00

Principal Place of Business

1136 MILL CREEK DR
JACKSONVILLE FL 32259

Mailing Address

11111-2A SAN JOSE BLVD
#312
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

PMB 312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11111-2A SAN JOSE BLVD

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32223

FL

4. FEI Number

59-3543768

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

EDWARDS, COHEN & JACOBS, P.A.
ATTN: KENNETH B. JACOBS
200 N LAURA STREET, 12TH FLOOR
JACKSONVILLE FL 32202

Name

LAUREN AUSTIN

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

1136 MILL CREEK DRIVE

City

JACKSONVILLE

FL

Zip Code

32259

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

Lauren Austin, VICE PRESIDENT

4/27/00

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, 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 IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
AUSTIN, DANA M
1136 MILL CREEK DR
JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
AUSTIN, LAUREN
1136 MILLCREEK DR
JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

DANA M. Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANA AUSTIN, 4/27/00 904-287-1034

Date

Daytime Phone #