

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90143 015 ***150.00

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DOCUMENT # P98000091162

1. Entity Name
DANA M. AUSTIN ENVIRONMENTAL CONSULTING, INC.



Principal Place of Business
**1136 MILL CREEK DR
JACKSONVILLE FL 32259**

Mailing Address
**PMB 233
450 STATE ROAD 13 N. SUITE 106
JACKSONVILLE FL 32259**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3543768**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**AUSTIN, LAUREN
1136 MILL CREEK DRIVE
JACKSONVILLE FL 32259**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	AUSTIN, DANA M	
STREET ADDRESS	1136 MILL CREEK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	AUSTIN, LAUREN	
STREET ADDRESS	1136 MILLCREEK DR MILL CREEK DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Lauren Austin **LAUREN AUSTIN 4/15/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-287-1034

CR2E034 (10/02)