

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90010 014 ***158.75

DOCUMENT # P98000100296

1. Entity Name

HASKELL ARCHITECTS AND ENGINEERS, P.A.

Principal Place of Business

Mailing Address

**C/O 50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE FL 32202****C/O 50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE FL 32202****608737**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545494Applied 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

**RAX CO.
C/O MCGUIRE, WOODS, BATTLE & BOOTHE LLP
50 NORTH LAURA ST. 3300 BARNETT CENTER
JACKSONVILLE FL 32202**

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.

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 \$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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	D ENGDAHL, DAVID L STREET ADDRESS POST OFFICE BOX 44100 N/A CITY-ST-ZIP JACKSONVILLE FL 32231-4100	☐ Change ☐ Addition	
☐ Delete	D VARON, JOSEPH STREET ADDRESS POST OFFICE BOX 44100 N/A CITY-ST-ZIP JACKSONVILLE FL 32231-4100	☐ Change ☐ Addition	
☐ Delete	D WALKER KUHN, CHRISTIAN STREET ADDRESS POST OFFICE BOX 44100 N/A CITY-ST-ZIP JACKSONVILLE FL 32231-4100	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ 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: *David L. Engdahl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID L. ENGDAHL
PRESIDENT**

Date

Daytime Phone #

1/11/00 (904) 791-4500