

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073513

1. Entity Name

AMTECH CONSULTING GROUP, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90048 022 ***150.00

Principal Place of Business

RT. 2, BOX 111
MONTICELLO FL 32344

Mailing Address

RT. 2, BOX 111
MONTICELLO FL 32344

2. Principal Place of Business

1892 Myrick Rd
Suite, Apt. #, etc.

3. Mailing Address

1892 Myrick Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3592834

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA

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

ROSE, T. DUNCAN III
RT. 2, BOX 111
MONTICELLO FL 32344

Name
CAMILLA A AUGUSTINE

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

1892 MYRICK ROAD

City
TALLAHASSEE

FL

Zip Code

32303

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

Camilla A. Augustine

April 28, 2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ROSE, T. DUNCAN III	
STREET ADDRESS	RT. 2, BOX 111	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, LINDA B	
STREET ADDRESS	RT. 2, BOX 111	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUGUSTINE, CAMILLA A	
STREET ADDRESS	1892 MYRICK RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

T. Duncan Rose III
T. Duncan Rose III

30 April

850 309-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)