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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
07-18-2000 90014 045 ***150.00

DOCUMENT # P99000084355

1. Entity Name
FLORIDA ENGINEERS, INCORPORATED

Principal Place of Business / Mailing Address
1422 RIVER OAKS ROAD
JACKSONVILLE FL 32207-4118

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0403166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
William G. von Eberstein
1422 River Oaks Road
Jacksonville FL 32207-4118

7. Name and Address of New Registered Agent
Name [illegible]
Street Address (P.O. Box Number is Not Acceptable) [illegible]
City [illegible] FL Zip Code [illegible]

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		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	William G. von Eberstein		NAME		
STREET ADDRESS	1422 River Oaks Rd		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville FL 32207-4118		CITY-ST-ZIP		
TITLE	Secretary/Treas	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Patricia von Eberstein		NAME		
STREET ADDRESS	1422 River Oaks Rd		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville FL 32207-4118		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: [signature] William G. von Eberstein 6/20/00 (305) 860-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
P99000084355
108294

[redacted]

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

Jeb Bush, *Governor* Cynthia A. Henderson, *Secretary*

June 29, 2000

Florida Engineers & Constructors Inc
P O Box 331408
Coconut Grove FL 33233-1408

RE: Correspondence

Dear Florida Engineers & Constructors Inc:

We are returning your correspondence to you. This includes your check/money order # 6075, in the amount of $150.00.

The enclosed check and/or paperwork is not for the Department of Business and Professional Regulation. Please check your correspondence and send to the appropriate office.

IMPORTANT: By submitting the renewal notice or signed affirmation statement with the appropriate renewal fees to the Department, a licensee acknowledges compliance with all requirements for renewal.

Thank you for your cooperation.

Licensure Services
Bureau of Licensure
/RH
Enclosure

Division of Administration
Bureau of Licensure / Revenue: Licensure Section
NORTHWOOD CENTRE · 1940 North Monroe Street · TALLAHASSEE, FLORIDA 32399-2205
Telephone (850) 487-1395 · Fax (850) 487-9529 · TDD 1-800-955-8771