## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P99000101534 ATLANTIC ENGINEERING CONSULTANTS, INC. 01-31-2001 90086 001 \*\*\*317.50 Mailing Address Principal Place of Business 3100 S DALE MARBY HWY 3100 S DALE MARBY HWY TAMPA FL 33629 TAMPA FL 33629 AUULU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc., DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3630483 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAHN, WARREN G Street Address (P.O. Box Number is Not Acceptable) 3100 S DALE MARBY HWY TAMPA FL 33629 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HAHN, WARREN G NAME NAME 4525 W BEACH WAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 68 Jan 2001 813-831-8599 Narren G. Hahn

**SIGNATURE:** 

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR