

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S41638**

1. Entity Name

NORMAN, HOUGH, WILKIE & LANE ENGINEERING, INC.**FILED**
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90063 037 ***150.00

Principal Place of Business

1415 TIMBERLANE RD
STE 201
TALLAHASSEE FL 32312
US

Mailing Address

PO BOX 13975
TALLAHASSEE FL 32317-3975
US

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

59-3057128

Applied For

Not Applicable

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**NORMAN, DAVID W.
1415 TIMBERLANE RD
STE 201
TALLAHASSEE FL 32312

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 State10. 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 PD. ☐ Delete
NAME **NORMAN, DAVID W.**
STREET ADDRESS **2621 NOBLE DR**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VSD ☐ Delete
NAME **HOUGH, JOHN STEVEN**
STREET ADDRESS **700 FOREST LAIR**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VTD ☐ Delete
NAME **WILKIE, WILLIAM YATES**
STREET ADDRESS **12600 LAUREL HILL DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME **LANE, JOSEPH A.**
STREET ADDRESS **1515 HICKORY AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME **LACAYO, JOSEPH L**
STREET ADDRESS **2105 LAMBERT LANE**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Lacayo, Joseph L.**
CITY-ST-ZIP **1760 Riverbitch Hollow**
Tallahassee, FL 32308TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00

850-893-7722