

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51074

1. Entity Name

WILLIAM E. PAXTON, P.E., CONSULTING ENGINEER, IN

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90066 010 ***150.00

Principal Place of Business

Mailing Address

~~8304 ARCHWOOD CIRCLE~~
~~TAMPA FL 33615~~

~~8304 ARCHWOOD CIRCLE~~
~~TAMPA FL 33615-4991~~
US

2. Principal Place of Business

9106 BAYOU DRIVE

3. Mailing Address

9106 BAYOU DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL 33635

City & State

TAMPA, FL

4. FEI Number

59-3067480

Applied For

Not Applicable

Zip

33635

Country

Zip

33635

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

PAXTON, WILLIAM E.
8304 ARCHWOOD CIRCLE
SUITE-A
TAMPA FL 33615

Name

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

9106 BAYOU DRIVE

City

TAMPA

FL

Zip Code

33635

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

William Paxton

February 28, 2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PAXTON, WILLIAM E.
8304 ARCHWOOD CIRCLE
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
9106 BAYOU DRIVE
TAMPA, FL 33635

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PAXTON, WILLIAM E.
8304 ARCHWOOD CIRCLE
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP
9106 BAYOU DRIVE
TAMPA, FL 33635

TITLE ☐ Delete
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TITLE ☐ 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:

William Paxton

February 28, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)