

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2023-1071570

Date Filed:
09/13/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Eastland Investments Inc
Hutto, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

City of Round Rock

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

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Ceramic window tinting services for vehicles and storefront, and for related goods and services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Eastland, Mark	Rockport, TX United States	X	
	Eastland, Alexia	Rockport, TX United States	X	

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Mark Eastland, and my date of birth is [REDACTED]

My address is 14 Northpointe Dr. Rockport TX 78382 USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Anson County, State of Texas, on the 13 day of SEP, 2023.
(month) (year)

Mark Eastland
Signature of authorized agent of contracting business entity
(Declarant)

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Eastland Investments Inc
Hutto, TX United States

Certificate Number:
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City of Round Rock

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			Controlling	Intermediary
	Eastland, Mark	Rockport, TX United States	X	
	Eastland, Alexia	Rockport, TX United States	X	

5 Check only if there is NO Interested Party.☐**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)