

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90169 041 \*\*\*150.00

DOCUMENT # **F97000005420**

1. Entity Name

**GMR AERIAL SURVEYS, INC.**

Principal Place of Business

Mailing Address

2670 WILHITE DR  
 LEXINGTON KY 40303  
 US

2670 WILHITE DR  
 LEXINGTON KY 40503-3302  
 US

00058060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-1183895**

Applied For  
 Not Applicable

Zip

Country

*Fayette*

Zip

Country

*Fayette*

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

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

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

*N/A*

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

*N/A*

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>PCEO</b> <b>RITCHIE, G. MICHAEL</b>		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2670 WILHITE DR.	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40503	CITY-ST-ZIP	
TITLE	<b>V</b>	TITLE	
NAME	<b>MEADE, MARK E</b>	NAME	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2670 WILHITE DR.	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40503	CITY-ST-ZIP	
TITLE	<b>SD</b>	TITLE	
NAME	<b>QUALLS, WILLIAM H</b>	NAME	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2670 WILHITE DR.	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40503	CITY-ST-ZIP	
TITLE	<b>AS</b>	TITLE	
NAME	<b>RITCHIE, JOANN</b>	NAME	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2315 NICHOLASVILLE RD.	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40503	CITY-ST-ZIP	
TITLE	<b>SD</b>	TITLE	
NAME	<b>COURTNEY, KRISTIN E</b>	NAME	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2670 WILHITE DR.	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40503	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-5-2000 277-8700*