

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G06996**

1. Entity Name

GENTRY ENGINEERING AND LAND SURVEYING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90217 029 ***150.00

Principal Place of Business % BURLISON A. GENTRY P.O. BOX 243 DELRAY BCH FL 33444-7243 US	Mailing Address % BURLISON A. GENTRY P.O. BOX 243 DELRAY BCH FL 33447-0243 US
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603972



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2233432	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent

GENTRY, BURLISON A
3816 NW 7TH CT
DELRAY BCH FL 33445

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, BARBARA L	NAME	
STREET ADDRESS	1005 S CONGRESS AVE, SO 109	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, BURLISON	NAME	
STREET ADDRESS	1005 S. CONGRESS AVE, SO 109	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Burlison A. Gentry* **BURLISON A. GENTRY** 1/12/00 (561) 272 1924
Signature and typed or printed name of signing officer or director Date Daytime Phone #