2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

May 15, 2002 8:00 am Secretary of State J35637 DOCUMENT # 1. Entity Name 05-15-2002 90148 029 ***150.00 SEARS SURVEYING COMPANY Principal Place of Business Mailing Address 315 N FERNCREEK AVE 315 NO. FERNCREEK AVE. ORLANDO FL 32803-5429 ORLANDO FL 32803-5429 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2734057 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required *7: Name and Address of New Registered Agent ------ 6:- Name and Address of Current Registered Agent SEARS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 315 NO. FERNCREEK AVE. ORLANDO FL 32803 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE PD TITLE NAME NAME SEARS, ROBERT 315 NO. FERNCREEK AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Defete TITLE NAME BISHMAN, DONALD W. NAME STREET ADDRESS STREET ADDRESS 315 NO. FERNCREEK AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change - Addition - 🗖 Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

DM Sears

FILED