Apr 21, 2003 8:00 am Secretary of State

FILED

04-21-2003 90454 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K46742 **DOCUMENT #**

1. Entity Name

STATEWIDE SURVEY COMPANY

SUITE 350 TAMPA FL 38099 TAMPA FL 38099 TAMPA FL 38099 2. Principal Pace of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country City Country Country City Country Country Country City Country Country Country Country City Country Country Country Country Country City Country Country Country City Country Country Country City Country Country City Country Country Country City Country Country City Country Country City Country Country City Country Country Country City Country Country City Country Country Country City Country Country City Country Country City City City City City City City Cit									
Sulia, Apt. #, etc. CHECK HERE IF MAKING CHANGES	Principal Place of Business 4830 W. KENNEDY BLVD SUITE 350 TAMPA FL 33609		4830 W. KENNEDY BLVD SUITE 350			,			
City & State A. FEI Number 59-3025627 Applied For Not Applicable B. R. For Additional Fee Required 6. Name and Address of Current Registered Agent Name MELINDI, JOSEPH 300 N. FRANKLIN ST SECOND FL TAMPA FL 3609 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature FILE NOW!!! FEE \$\$ \$150.00 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State OFFICIES AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE WEIS, STEPHEN N STREET AURIESS CITY-ST-ZP TILE MAME STREET AURIESS CITY-ST-ZP TILE MAME STREET AURIESS CITY-ST-ZP TILE MAME STREET AURIESS CITY-ST-ZP CITY-ST-ZP TILE MAME STREET AURIESS CITY-ST-ZP TILE MAME STREET AURIESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TILE MAME STREET AURIESS CITY-ST-ZP	2. Principal Place of Bu	usiness	3. Mailing Address						
Zip Country Zip Country 5. Conflicate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
Country Zip Country Zip Country 5. Conflicate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional	City & State		City & State			4. FEI Number 59-30256	hu-309hb9/		
MELINDI, JOSEPH 300 N. FRANKLIN ST SECOND FL TAMPA FL 33609 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of implatence agent and last if applicable. MOTE: Registered Agent signature required when rentaining) DATE FILE NOW!!! FEE \$ \$150.00	Zip	Country	Zip	Cour	itry	5. Certificate of Status Desire		8.75 Add	itional
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300 N. FRANKLIN ST SECOND FL TAMPA FL 33609 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits and accept the accept agent advanced entity and accept the accept and accept the accept and accept the accept agent advanced entity and accept accept and accept and accept and accept and accept and accept and					Name				
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SIGNATURE Signature, typed or privated name of ingistered agent and title if applicable. (NOTE: Registered Agent signature required when reintaking) DATE	TAMPA FL 33609				City		FL	Zip Code	,
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uuer □ Cianiĝe □ Montrol I	TITLE		☐ Delete	e TITLE			[Change	Addition

12. 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

📆 Stephen N Weis, Pres

☐ Delete

4/16/03

Date

813-286-4067

Daytime Phone #

☐ Change

☐ Addition