

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

008/532

DOCUMENT # N27738

1. Entity Name

INSTITUTE OF MAPPING SCIENCES, INC.

04-19-2001 90322 050 ****61.25

Principal Place of Business

18221 COUNTY ROAD 225
 P.O. BOX 347
 EVINSTON FL 32633
 US

Mailing Address

18221 COUNTY ROAD 225
 P.O. BOX 347
 EVINSTON FL 32633
 US

952001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2910683

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GIBSON, DAVID W.
 18221 COUNTY RD. 225
 P.O. BOX 341
 EVINSTON FL 32633

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, DAVID W.	
STREET ADDRESS	COUNTY ROAD 225, BOX 347	
CITY-ST-ZIP	EVINSTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, BETTY J.	
STREET ADDRESS	COUNTY ROAD 225, BOX 347	
CITY-ST-ZIP	EVINSTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEBREAD, VERONICA L.	
STREET ADDRESS	COUNTY ROAD 225	
CITY-ST-ZIP	EVINSTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/16/01

352
591-2304
 Daytime Phone #

CR2E037 (10/00)