

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

0006517

**DOCUMENT # N27738**

1. Entity Name

**INSTITUTE OF MAPPING SCIENCES, INC.**



08-14-2003 90071 040 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2910683**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Evin H. Gibson</i>	
STREET ADDRESS	<i>18221 County Rd 225, PO. Box 347</i>	
CITY-ST-ZIP	<i>Evinston, FL 32633</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/12/03* *(352) 392-4958*  
Date Daytime Phone #

CR2E037 (4/03)