

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000093750

1. Entity Name

Folorida Geodetic Surveying & Mapping, Inc.

FILED

01 AUG 20 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

720 W. Montrose St.

Suite, Apt. #, etc.

3. Mailing Address

720 W. Montrose St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

al 8/20

City & State

Clermont, Florida

City & State

Clermont, Florida

4. FEI Number

Applied For

Not Applicable

Zip

34711

Country

Lake

Zip

34711

Country

Lake

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Stephen M. Bull
Bull and Associates, P.A.
111 North Orange Avenue, Suite 950
Orlando, Florida 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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: President Delete
NAME: James H. Walters Jr.
STREET ADDRESS: 720 W. Montrose St.
CITY-ST-ZIP: Clermont, Florida 34711

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Vice President Delete
NAME: Sharon J. Walters
STREET ADDRESS: 720 W. Montrose St.
CITY-ST-ZIP: Clermont, FL. 34711

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Secretary/Treasurer Delete
NAME: Ja'ene Connor
STREET ADDRESS: 720 W. Montrose St.
CITY-ST-ZIP: Clermont, FL. 34711

TITLE: Secretary/Treasurer Change Addition
NAME: James H. Walters Jr.
STREET ADDRESS: 720 W. Montrose St.
CITY-ST-ZIP: Clermont, FL. 34711

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/01

Date

Daytime Phone #

CR2E034 (11/00)