

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90166 027 ***150.00

0009298 AT

DOCUMENT # P02000133911

1. Entity Name

GLENN PRICE - SURVEYING & MAPPING, INC.



Principal Place of Business

**38008 LIVE OAK AVENUE
SUITE 1
DADE CITY FL 33526
US**

Mailing Address

**38008 LIVE OAK AVENUE
SUITE 1
DADE CITY FL 33526
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51 043 9865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MANN, R. SETH PA
37941 MERIDIAN AVENUE
DADE CITY FL 33526**

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 _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D PRICE, GLENN A**
STREET ADDRESS **36937 JEFFERSON AVENUE**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE Change Addition
NAME **PRESIDENT/CEO P/C**
STREET ADDRESS **PRICE, GLENN A**
CITY-ST-ZIP **36937 JEFFERSON AVENUE**
DADE CITY, FL 33523

TITLE Delete
NAME **D PRICE, JENNIFER D**
STREET ADDRESS **36937 JEFFERSON AVENUE**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE Change Addition
NAME **SECRETARY/TREASURER S/T**
STREET ADDRESS **PRICE, JENNIFER D.**
CITY-ST-ZIP **36937 JEFFERSON AVENUE**
DADE CITY, FLORIDA 33523

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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Change Addition
TITLE
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 607, 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

4/22/03 **352-521-0441**
Date Daytime Phone #

CR2E034 (10/02)