

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90181 027 ***150.00

DOCUMENT # P95000004972

1. Entity Name
BRITT SURVEYING, INC.

Principal Place of Business 1426 WEST DUVAL STREET LAKE CITY FL 32025	Mailing Address P.O. BOX 837 LAKE CITY FL 32056-0837
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2. Principal Place of Business 606 Cypress Avenue Suite, Apt. #, etc.	3. Mailing Address 606 Cypress Avenue Suite, Apt. #, etc.
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City & State Venice, Florida	City & State Venice, Florida	4. FEI Number 59-3298235	Applied For <input type="checkbox"/> Not Applicable
Zip 34292	Country USA	Zip 34292	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BRITT, LAUREN E
 1426 WEST DUVAL STREET
 LAKE CITY FL 32025**

7. Name and Address of New Registered Agent
 Name **Randall E. Britt**
 Street Address (P.O. Box Number is Not Acceptable)
606 Cypress Avenue
 City **Venice** FL Zip Code **34292**

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 **Randall E. Britt, President** DATE **1/18/2001**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, LAUREN E 1426 W DUVAL ST LAKE CITY FL 32025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, MARTIN S 960 LENA LANE SARASOTA FL 34240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULPEPPER, SANDRA B 1030 ALBEE FARM ROAD VENICE FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRITT, RANDALL E 1452 KEYWAY RD ENGLEWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Randall E. Britt** **Randall E. Britt, President** DATE **1/18/2001** DAYTIME PHONE # **941 493-1396**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)