

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90115 050 ***150.00

12198812

DOCUMENT # P98000036041

1. Entity Name
WHITLOCK LAND SURVEYING, INC.

Principal Place of Business Mailing Address
~~108 NORTH CIRCLE~~ ~~108 NORTH CIRCLE~~ **103 So. Ridgewood Dr.**
~~SEBRING FL 33870~~ SEBRING FL 33870
103 So. Ridgewood Dr.
Sebring, FL 33870



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 **65-0861792** 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

WHITLOCK, JAMES WILLIAM JR.
~~108 NORTH CIRCLE~~ **103 So. Ridgewood Dr.**
SEBRING FL 33870

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 _____ (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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WHITLOCK, JAMES WILLIAM JR. | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 108 NORTH CIRCLE 103 So. Ridgewood Dr. | | STREET ADDRESS | |
| CITY-ST-ZIP SEBRING FL 33870 | | CITY-ST-ZIP | |
| NAME WHITLOCK, KATHY | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 108 NORTH CIRCLE 103 So. Ridgewood Dr. | | STREET ADDRESS | |
| CITY-ST-ZIP SEBRING FL 33870 | | CITY-ST-ZIP | |
| NAME TEEPLE, SUSAN JOANNE | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7695 ST ANDREWS BLVD | | STREET ADDRESS | |
| CITY-ST-ZIP LAKE WORTH FL 33467 | | CITY-ST-ZIP | |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

1/30/01 **863-471-1900**
 Date Daytime Phone #

CR2E034 (1/00)