

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90052 024 \*\*\*150.00

CR/4487  
 AV

**DOCUMENT # P98000036041**

1. Entity Name  
**WHITLOCK LAND SURVEYING, INC.**

Principal Place of Business  
**103 SOUTH RIDGEWOOD DRIVE  
 SEBRING FL 33870**

Mailing Address  
**103 SOUTH RIDGEWOOD DRIVE  
 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

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.  
 103 SOUTH RIDGEWOOD DRIVE  
 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

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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WHITLOCK, JAMES WILLIAM JR.</b>
STREET ADDRESS	<b>103 SOUTH RIDGEWOOD DRIVE</b>
CITY-ST-ZIP	<b>SEBRING FL 33870</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WHITLOCK, KATHY</b>
STREET ADDRESS	<b>103 SOUTH RIDGEWOOD DRIVE</b>
CITY-ST-ZIP	<b>SEBRING FL 33870</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TEEPLE, SUSAN JOANNE</b>
STREET ADDRESS	<b>7695 ST ANDREWS BLVD</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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

3/18/02 863-471-1900

Date

Daytime Phone #

CR2E034 (9/01)