

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90186 019 \*\*\*150.00

**DOCUMENT # P98000105768**

1. Entity Name  
**ABSOLUTE SURVEYING & MAPPING, INC.**

Principal Place of Business 7 RANDIA DRIVE ORLANDO FL 32807	Mailing Address 7 RANDIA DRIVE ORLANDO FL 32807-5049
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3550196</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>EGGERTON, TERRI A -2720 SUNRISE COURT ORLANDO FL 32806</b>				7. Name and Address of New Registered Agent	
				Name	<b>Eggerton, Terri A.</b>
				Street Address (P.O. Box Number is Not Acceptable)	<b>7 Randia Drive</b>
				City	<b>Orlando FL 32807</b>

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 *Terri A. Eggerton* (NOTE: Registered Agent signature required when reinstating) DATE 2/28/00

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, 2000 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 <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P</b>
NAME		NAME	<b>Terri A. Eggerton</b>
STREET ADDRESS		STREET ADDRESS	<b>7 RANDIA DRIVE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Orlando, Florida 32807</b>
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>V</b>
NAME		NAME	<b>Walter H. Eggerton, Jr.</b>
STREET ADDRESS		STREET ADDRESS	<b>7 RANDIA DRIVE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Orlando, Florida 32807</b>
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
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)(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: *Terri A. Eggerton* - Terri A. Eggerton DATE 2/28/00 (407) 208-9955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)