

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State
 09-15-2000 90012 005 ***558.75

DOCUMENT # P99000016450

1. Entity Name
AERIAL MAPPING COMPANY ✓

Principal Place of Business Mailing Address
814 MOUNT VERNON STREET **814 MOUNT VERNON STREET**
ORLANDO FL 32803 **ORLANDO FL 32803**

2. Principal Place of Business 3. Mailing Address
2431 ALOMA AVE **2431 ALOMA AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
166 **166**

City & State City & State
WINTER PARK **WINTER PARK**

Zip Country Zip Country
FL **ORANGE** **32792** **ORANGE**

4. FEI Number Applied For
59-3559257 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

A0078296



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDWARDS, TIFFANY
814 MOUNT VERNON STREET
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name **DAVID GILDART**
 Street Address (P.O. Box Number is Not Acceptable)
2431 ALOMA AVE SUITE # 166
 City **WINTER PARK** FL Zip Code **32792**

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 *David Gildart* **Owner** **9/4/00**
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	Resident Tiffany Edwards. 814 Mount Vernon St. Orlando FL 32803	<input checked="" 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
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	President. DAVID GILDART 220 OVERLOOK Rd. WINTER PARK FL 32789	<input checked="" 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: *David Gildart* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

9/4/00 **407-421-6614**
 Date Daytime Phone #

CR2E034 (5/00)