

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**  
 07-24-2000 90010 048 \*\*\*550.00

**DOCUMENT # P99000071614**  
 1. Entity Name  
**PORTER GEOGRAPHICAL POSITIONING AND SURVEYING, I** ✓

Principal Place of Business Mailing Address  
 5338 U. S. HIGHWAY 98. N. 5338 U. S. HIGHWAY 98. N.  
 LAKELAND FL 33809 LAKELAND FL 33809

**A0069303**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3593765** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PORTER, MARK D**  
**5338 U. S. HIGHWAY 98, N.**  
**LAKELAND FL 33809**

7. Name and Address of New Registered Agent  
 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 \$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                      | <input type="checkbox"/> Delete  |
| NAME                       | <b>D PORTER, MARK D</b>          |
| STREET ADDRESS             | <b>5338 U. S. HIGHWAY 98, N.</b> |
| CITY-ST-ZIP                | <b>LAKELAND FL 33809</b>         |
| TITLE                      | <input type="checkbox"/> Delete  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |
| TITLE                      | <input type="checkbox"/> Delete  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |
| TITLE                      | <input type="checkbox"/> Delete  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |
| TITLE                      | <input type="checkbox"/> Delete  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| 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:** Mark D. Porter **MARK D. PORTER** : 7/17/00 863-853-1496  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #