

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90034 032 ***150.00

DOCUMENT # L33690

1. Entity Name
INLAND SURVEYORS, INC.

Principal Place of Business

**1939 SUNSET PT RD
CLEARWATER FL 33765
US**

Mailing Address

**1939 SUNSET PT RD
CLEARWATER FL 33765
US**

2. Principal Place of Business

3. Mailing Address

633 Woods Rd POB 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zionville NC

4. FEI Number **59-2980187**

Applied For

Not Applicable

Zip

Country

28698-0100

Country

US

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

**PAPPAS, LINDA J.
1304 RIDGE AVE
CLEARWATER FL 33755**

Name

Tori Lewis

Street Address (P.O. Box Number is Not Acceptable)

1623 N Highland Ave

City

Clearwater

FL

Zip Code

33755

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

Tori Lewis **Tori Lewis**

1-11-01

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PAPPAS, LINDA J.	
STREET ADDRESS	1304 RIDGE AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SILVIE, DANIEL R	
STREET ADDRESS	1939 SUNSET PT RD	
CITY-ST-ZIP	CLEARWATER FL	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silvie, Linda Pappas	
STREET ADDRESS	633 Woods Rd	
CITY-ST-ZIP	Zionville NC 28698-0100	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silvie, Daniel R.	
STREET ADDRESS	633 Woods Rd	
CITY-ST-ZIP	Zionville NC 28698-0100	
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:

Linda J. Pappas Silvie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/06/01 423)727-1067
Daytime Phone #

CR2E034 (10/00)