

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90105 036 ***150.00

DOCUMENT # P01000122025

1. Entity Name
PRECISION MAPPING & RESEARCH, INC.



Principal Place of Business
POST OFFICE BOX 223322
WEST PALM BEACH FL 33422

Mailing Address
POST OFFICE BOX 223322
WEST PALM BEACH FL 33422



2. Principal Place of Business
Post Office Box 223322
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 223322
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach FL
Zip
33422 Country
US

City & State
West Palm Beach FL
Zip
33422 Country
US

4. FEI Number
98-0000917

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RANDER, DAVID G
2751 TECUMSEH DRIVE
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name
Matthew King
Street Address (P.O. Box Number is Not Acceptable)
13254 73 STREET NORTH
City
WPB FL Zip Code
33412

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FLEMING, KERRY**
STREET ADDRESS **POST OFFICE BOX 223322**
CITY-ST-ZIP **WEST PALM BEACH FL 33422**

TITLE **D** ☐ Delete
NAME **RANDER, DAVID G**
STREET ADDRESS **POST OFFICE BOX 223322**
CITY-ST-ZIP **WEST PALM BEACH FL 33422**

TITLE **D** ☐ Delete
NAME **KING, MATTHEW A**
STREET ADDRESS **POST OFFICE BOX 223322**
CITY-ST-ZIP **WEST PALM BEACH FL 33422**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Jerry Seely**
STREET ADDRESS **Po Box 22322**
CITY-ST-ZIP **West Palm Beach FL 33422**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 (50) 574-022
Date Daytime Phone #

CR2E034 (10/02)