

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90175 003 ***150.00

DOCUMENT # F01000001242

1. Entity Name
GEODIGITAL MAPPING, INC.



Principal Place of Business
**1285 PROGRESS DRIVE
FRONT ROYAL VA 22630**

Mailing Address
**1285 PROGRESS DRIVE
FRONT ROYAL VA 22630**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1609949**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHORE, ELWOOD
12486 CRYSTAL POINT DRIVE, #202
BOYNTON BEACH FL 33437**

Name **Ms. Diane Laws**
Street Address (P.O. Box Number is Not Acceptable) **9157 NW 63rd Street**
City **Ocala** FL Zip Code **34482**

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 *Diane Laws*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COOK, JOHN**
STREET ADDRESS **ROCK SPRING FARM, P.O. BOX 936**
CITY-ST-ZIP **LEESBURG VA 20178**

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

TITLE **CEOC** ☐ Delete
NAME **HEBARD, J. FRANK PVS**
STREET ADDRESS **1285 PROGRESS DRIVE**
CITY-ST-ZIP **FRONT ROYAL VA 22630**

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

TITLE **T** ☐ Delete
NAME **SAUNDERS, KATHLEEN H**
STREET ADDRESS **1285 PROGRESS DRIVE**
CITY-ST-ZIP **FRONT ROYAL VA 22630**

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

TITLE **D** ☐ Delete
NAME **TRENTACOSTE, NICHOLAS P**
STREET ADDRESS **11929 RIDERS LANE**
CITY-ST-ZIP **RESTON VA 20191**

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

TITLE **D** ☐ Delete
NAME **RILEY, KEN S**
STREET ADDRESS **PO BOX 934**
CITY-ST-ZIP **BERRYVILLE VA 22611**

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

TITLE **D** ☐ Delete
NAME **HEBARD, CHARLES R**
STREET ADDRESS **1313 EAST MAIN ST.**
CITY-ST-ZIP **SANTA MARIA CA 93454**

TITLE ☐ Change ☐ Addition
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: *Charles R Hebard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.17.03 540.622.2922
Date Daytime Phone #

CR2E034 (10/02)