## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 14, 2000 8:00 am Secretary of State **DOCUMENT # 330821** 1. Entity Name EDWARDS-PANTER SURVEYING, INC. 04-14-2000 90003 012 \*\*\*150.00 Mailing Address Principal Place of Business 1520 COMMERCIAL PARK DRIVE 1520 COMMERCIAL PARK DRIVE LAKELAND FL 33801-6517 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1211912 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Arthur T. Holt EDWARDS, GERALD C. Street Address (P.O. Box Number is Not Acceptable) 1520 COMMERCIAL P.K. DR. 1520 Commercial Park Dr. LAKELAND FL 33801 Zip Code City Lakeland 33801 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. Arthur T. Holt, President SIGNATURE V (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSD TITLE XIX Change ☐ Addition TITLE ☐ Delete PTD HOLT, ARHTUR T. NAME NAME STREET ADDRESS 1520 COMMERCIAL PARK DR. STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP PTD , Addition Change **⊠** Delete TITLE TITLE EDWARDS, GERALD C 2 10 NAME NAME 1520 COMMERCIAL PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE LAKELAND FL -CITY-ST-ZIP ☐ Delete Change XX Addition TITLE TITLE NAME NAME Gillingham, Daniel D. STREET ADDRESS STREET ADDRESS 1520 Commercial Park Dr. CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33801 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Arthur T.