

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 333888

1. Entity Name

CONTINENTAL AERIAL SURVEYS, INC. OF FLORIDA

Principal Place of Business

Mailing Address

601 SELF HOLLOW ROAD
ROCKFORD TN 37853

P.O. BOX 300
ALCOA TN 37701
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

BROOKS, BEACH A
340 FIRST STREET SOUTH
WINTER HAVEN FL 33880-3501

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

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

T ☐ Delete
NAME HOWARD, STEPHEN L.
STREET ADDRESS 4973 RIVERS EDGE
CITY-ST-ZIP LOUISVILLE TN 37777

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

S ☐ Delete
NAME HOWARD, KENNETH H., III
STREET ADDRESS 823 SOMERSET DRIVE
CITY-ST-ZIP MARYVILLE TN 37803

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

V ☐ Delete
NAME HOWARD, HELEN R.
STREET ADDRESS 601 SELF HOLLOW ROAD
CITY-ST-ZIP ROCKFORD TN 37853

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

P ☐ Delete
NAME HOWARD, K.H.
STREET ADDRESS 601 SELF HOLLOW ROAD
CITY-ST-ZIP ROCKFORD TN 37853

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Kenneth H. Howard III

Kenneth H. Howard III

4-24-01

865-977-7789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90446 020 ***150.00

00043931



DO NOT WRITE IN THIS SPACE