

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90101 050 ***150.00

0665598 AB

DOCUMENT # 333888

1. Entity Name

CONTINENTAL AERIAL SURVEYS, INC. OF FLORIDA



Principal Place of Business
**601 SELF HOLLOW ROAD
ROCKFORD TN 37853**

Mailing Address
**P.O. BOX 801
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

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

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

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

☐ Delete
TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition
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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:

Kenneth H. Howard III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

865-970-3115

Daytime Phone #

CR2E034 (10/02)