

2002 UNIFORM BUSINESS REPORT (UBR)

UBR037

DOCUMENT # 445611

1. Entity Name
FLORIDA SURVEYING & MAPPING, INC.

FILED
Oct 28, 2002 8:00 A.M
Secretary of State

Principal Place of Business Mailing Address
470 SO. MILITARY TRAIL 470 SO. MILITARY TRAIL
W PALM BCH FL 33415 W PALM BCH FL 33415



DO NOT WRITE IN THIS SPACE

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 59-1513102 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

PANOS, GEORGE C
470 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

Name GEORGE C. PANOS
Street Address (P.O. Box Number is Not Acceptable)
470 SOUTH MILITARY TRAIL
WEST PALM BEACH.
City WEST PALM BEACH FL Zip Code 33415

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 *George C. Panos* PRESIDENT

DATE JUNE 5, 2002

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

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, 2002 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

TITLE PTSV
NAME PANOS, GEORGE C
STREET ADDRESS 470 SO. MILITARY TRAIL
CITY-ST-ZIP W PALM BCH FL 33415 ☐ Delete

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

TITLE DC
NAME PANOS, GEORGE C
STREET ADDRESS 470 SO. MILITARY TRAIL
CITY-ST-ZIP W PALM BCH FL 33415 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)