

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90095 038 \*\*\*150.00

DOCUMENT # **445611**



1. Entity Name  
**FLORIDA SURVEYING & MAPPING, INC.**

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

Mailing Address  
**470 SO. MILITARY TRAIL  
W PALM BCH FL 33415**



2. Principal Place of Business  
**WEST PALM BEACH**

3. Mailing Address  
**P.O. BOX 16969**

Suite, Apt. #, etc.  
**470 SO. MILITARY TR**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**W. P. B. FL**

City & State  
**W. P. B. FL**

4. FEI Number  
**59-1513102**

Applied For  
 Not Applicable

Zip  
**33415**

Country  
**U.S.A.**

Zip  
**33416**

Country  
**PALM BEACH**

5. Certificate of Status Desired  **\$8.75** Additional - Fee Required

6. Name and Address of Current Registered Agent  
**PANOS, GEORGE C  
470 S. MILITARY TRAIL  
WEST PALM BEACH FL 33415**

7. Name and Address of Registered Agent  
Name  
**GEORGE C. PANOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**PO BOX 16969**  
1  
City  
**WEST PALM BEACH FL** Zip Code  
**33416**

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

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSV PANOS, GEORGE C 470 SO. MILITARY TRAIL W PALM BCH FL 33415</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC PANOS, GEORGE C 470 SO. MILITARY TRAIL W PALM BCH FL 33415</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **1/12/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)