

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90056 016 \*\*\*550.00

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AV

**DOCUMENT # 534032**

1. Entity Name

STEPHENSON SURVEYING, INC.



Principal Place of Business

204 NORTH RAILROAD STREET  
BUNNELL FL 32110

Mailing Address

P.O. BOX 1836  
SOUTH RAILROAD ST.  
BUNNELL FL 32110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1843020

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

WILCOX, DAN A  
RT. 1 BOX 217-1  
BUNNELL FL 32110

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

TITLE VP  
NAME WILCOX, DAN A JR.  
STREET ADDRESS 204 NORTH RAILROAD STREET  
CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete

TITLE PD  
NAME WILCOX, JUANA  
STREET ADDRESS 204 NORTH RAILROAD STREET  
CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete

TITLE VP  
NAME WILCOX, DAN A  
STREET ADDRESS 204 NORTH RAILROAD STREET  
CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete

TITLE P  
NAME WILCOX, DAVID T  
STREET ADDRESS 204 NORTH RAILROAD STREET  
CITY-ST-ZIP BUNNELL FL ☐ Delete

TITLE D  
NAME SHUMATE, AMY W  
STREET ADDRESS 204 NORTH RAILROAD STREET  
CITY-ST-ZIP BUNNELL FL ☐ Delete

TITLE D  
NAME KINNEY, DAWN W  
STREET ADDRESS 52 PARK PLACE  
CITY-ST-ZIP BUNNELL FL ☐ Delete

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

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

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

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

TITLE D  
NAME WARD, AMY W  
STREET ADDRESS 204 NORTH RAILROAD ST  
CITY-ST-ZIP BUNNELL, FL 32110 ☒ Change ☐ Addition

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

*Juana H Wilcox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/8/03

Daytime Phone #

386-437-2363

CR2E034 (10/02)