FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 16, 2002 8:00 am DOCUMENT# F69290 Secrétary of State 1. Entity Name 07-16-2002 90360 045 ***150.00 MARK O. ALLEN, LAND SURVEYOR, INC. Principal Place of Business Mailing Address 26751 OLD US 41 ROAD, SUITE #6 26751 OLD US 41 ROAD, SUITE #6 BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923 2. Principal Place of Busines 3. Mailing Address 10602 Klood 10602 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2159292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN, MARK Street Address (P.O. Box Number is Not Acceptable) DAVID C BROWN HWY NAPLES FL 33999 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 Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ALLEH, MACK O. ALLEN, MARK O. NAME 10602 Woods Circle NAME STREET ADDRESS DAVID C BROWN HWY STREET ADDRESS CITY-ST-7iP NAPLES FL BOHITA SPRINGS FL CITY-ST-ZIP TIT1.E ☐ Delete TITLE NAME allen, teresa NAME STREET ADDRESS 26751 OLD US 41 #6 STREET ADDRESS CITY-ST-7IP **BONITA SPRINGS FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-02 941-992-89a

MARK O. ALLEN LAND SURVEYOR

26751 OLD 41 ROAD, SUITE 6 BONITA SPRINGS, FLORIDA 33923 992-8900 • 597-7500 FAX 992-6070

> July 10, 2002 Attent ment

Katherine Harris Division of Corporations #F6290 121004

١.

Dear Ms. Harris:

I received your Uniform: Business Report Form on July 8, 2002. For some reason I have not received any previous correspondence. We moved over Christmas 2001, and changed our address in January. I am sending you a copy of the post marked envelop I just received. I have filled out the form and made appropriate changes.

Enclosed is my check for \$150.00 for the payment. I hope this is satisfactory.

Mark O. Allen

attachment #F69290 121004

PB METER U. E. PONNECR ED FIRST-CLASS MAIL U.S. POSTAGE PAID FLORIDA DIVISION OF CORPORATIONS

1297

TBYCHU MARK O. ALLEN, LAND SURVEYOR, IN 26751 OLD US 41 ROAD, SULTE #6 BONITA SPRINGS FL 33923

FLORIDA DEPARTMENT OF STATI

Katherine Harris Secretary of State DIVISION OF CORPORATIONS P.O. Box 6327