

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90134 016 ***150.00

DOCUMENT # G55270

1. Entity Name

MCGLOHORN LAND SURVEYOR, INC.

Principal Place of Business

1316 W. NORTH BLVD.
LEESBURG FL 34748
US

Mailing Address

PO BOX 490061
LEESBURG FL 34749-0061

2. Principal Place of Business

1501 AKRON DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

4. FEI Number

59-2325312

Applied For

Not Applicable

Zip

Country

34748

USA

Zip

Country

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

MCGLOHORN, TOLBERT
1326 W. NORTH BLVD.
SUITE 3
LEESBURG FL 34748

Name

Tolbert McGlohorn

Street Address (P.O. Box Number is Not Acceptable)

710 BALMORAL CIRCLE

City

LEESBURG

FL

Zip Code

34748

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

Signature, typed or printed name of registered agent and title if applicable.

Tolbert McGlohorn

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MCGLOHORN, TOLBERT
1316 W NORTH BLVD
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
McGlohorn, Tolbert
1501 AKRON DRIVE
LEESBURG, FL 34748 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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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STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tolbert McGlohorn

Date

4/17/01 (352) 326-5089

Daytime Phone #

CR2E034 (10/00)