

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H65418**

1. Entity Name

CENTRAL SURVEY, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90007 002 ***150.00

Principal Place of Business

Mailing Address

% MARGARET A. WHARTON
456 SOUTH CENTRAL AVENUE
OVIDO FL 32765

% MARGARET A. WHARTON
456 SOUTH CENTRAL AVENUE
OVIDO FL 32765

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 **59-2582812**

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

WHARTON, MARGARET A.
456 SOUTH CENTRAL AVENUE
OVIDO FL 32765

Name

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

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and the filer, cable.

(NOTE: Registered Agent's signature required when reinstating)

DAT:

9. Is this corporation 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	VST	<input type="checkbox"/> Delete
NAME	BECKER, THOMAS W.	
STREET ADDRESS	944 WOODCREST WAY	
CITY-STATE-ZIP	OVIDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, THOMAS W.	
STREET ADDRESS	944 WOODCREST WAY	
CITY-STATE-ZIP	OVIDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHARTON, MARGARET A.	
STREET ADDRESS	944 WOODCREST WAY	
CITY-STATE-ZIP	OVIDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information included 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Pres

4-5-01

407-365-6313

CR2E034 (10/00)