

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

FILED

02 JUL -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K01592

1. Entity Name

Subsurface Evaluations, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8010 WOODLAND CTR BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

SAME

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33614

Country

USA

Zip

33614

Country

USA

4. FEI Number

59-2868579

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

change attached

Name

DIANE C. WILSON

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

8010 WOODLAND CTR BLVD

SUITE 100

City

TAMPA

FL

Zip Code

33614

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

Diane C. Wilson

DIANE C. WILSON President

5/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President & Treasurer
NAME WILSON, DIANE C.
STREET ADDRESS 8010 WOODLAND CENTER BLVD
CITY-ST-ZIP TAMPA, FL 33614 Suite 100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6000006228236
-07/05/02--01070--003
*****61.25 *****61.25

TITLE Vice President - Executive VP
NAME WILSON, ROBERT J.
STREET ADDRESS 1730 Ashland Trail
CITY-ST-ZIP Oviedo, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6000006228236
-07/05/02--01070--002
*****8.75 *****8.75

TITLE Secretary
NAME Benjale Wilson
STREET ADDRESS 1730 Ashland Trail
CITY-ST-ZIP Oviedo, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE Board member
NAME GABRIELLE ENOS
STREET ADDRESS 1046 E. Henry Avenue
CITY-ST-ZIP TAMPA, FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
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STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane C. Wilson President

Date

Daytime Phone #

813-353-9083

CR2E034B (12/01)

26 7/2/02

Attachment
Document # K01592

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Subsurface Evaluations, Inc.

2. The mailing address of the corporation: 8010 WOODLAND CENTER BLVD.
Suite 100, TAMPA, FL 33614

3. Date of incorporation/qualification: 11/87 Document number: K01592

4. The name and address of the current registered agent and office:

WILLIAM L. WILSON - president } Deceased
3706 W. SWANN AVE } 3/15/02
TAMPA, FL 33609

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

DIANE C. WILSON - President
8010 WOODLAND CENTER BLVD, Suite 100
TAMPA, FL 33614

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Diane C. Wilson
(Signature of an officer, chairman or vice chairman of the board)

4/7/02 mty Date
(Date)

DIANE C. WILSON, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Diane C. Wilson
(Signature of Registered Agent)

5/26/02
(Date)

If signing on behalf of an entity:

DIANE C. WILSON
(Typed or Printed Name)

President
(Capacity)

*** FILING FEE: \$35.00 ***

ATTN: AMENDMENT
SECTION.