

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90338 033 \*\*\*158.75

**DOCUMENT # K69618**

1. Entity Name  
**THE SURVEY CREW, INC.**

Principal Place of Business  
**% DOUGLAS M. DARDEN**  
**2105 DUNDEE ROAD P.O. BOX 9309**  
**WINTER HAVEN FL 33883-9309**  
**US**

Mailing Address  
**% DOUGLAS M. DARDEN**  
**2105 DUNDEE ROAD P.O. BOX 9309**  
**WINTER HAVEN FL 33883-9309**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2933314**

Applied For  
 Not Applicable

Zip

Country

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

**DARDEN, DOUGLAS M**  
**6781 WINTERSET GARDENS RD**  
**WINTER HAVEN FL 33884**

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.

SIGNATURE

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 **PD** ☐ Delete  
 NAME **DARDEN, DOUGLAS M**  
 STREET ADDRESS **6781 WINTERSET GARDEN RD**  
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

TITLE **STD** ☒ Delete  
 NAME **MURPHY, DEBORAH L**  
 STREET ADDRESS **119 PANGOLA DR SW**  
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **T** ☐ Change ☒ Addition  
 NAME **KUMAR, PRADEEP**  
 STREET ADDRESS **2571 PARTRIDGE DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **VD** ☐ Delete  
 NAME **STEVENS, ROBERT A**  
 STREET ADDRESS **210 LENA VISTA BLVD**  
 CITY-ST-ZIP **AUBURNDAL FL 33823**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVS** ☐ Change ☒ Addition  
 NAME **HIGGINS, BETH L**  
 STREET ADDRESS **6781 WINTERSET GARDENS RD**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Change ☒ Addition  
 NAME **SHEALEY, STEVEN C.**  
 STREET ADDRESS **2585 HIGHLANDS VUE PKWY**  
 CITY-ST-ZIP **LAKE LAND, FL 33813**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Change ☒ Addition  
 NAME **ELIAS, STEVEN L.**  
 STREET ADDRESS **136 LAKE OTIS ROAD**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

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:** *Douglas M. Darden* **DOUGLAS M. DARDEN, P.E.** **4/9/02** **(863) 324-1112**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)