

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69618

1. Entity Name
THE SURVEY CREW, INC.



APPROVED
AND
FILED

[Signature]

03 APR 17 AM 3:23

SECRETARY OF STATE



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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 9309
Suite, Apt. #, etc.

City & State
Winter Haven, FL

Zip Country
33883-9309 U.S.A

4. FEI Number 59-2933314
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
DARDEN, DOUGLAS M.
6781 WINTERSET GARDENS RD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent
Name: Shealey, Steven C.
Street Address (P.O. Box Number is Not Acceptable): 2105 Dundee Rd.
City: Winter Haven FL Zip Code: 33883-9309

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]* DATE 4/4/03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARDEN, DOUGLAS M 6781 WINTERSET GARDEN RD WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/21/03--01008--016 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUMAR, PRADEEP 2571 PARTRIDGE DRIVE WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100016338811 04/21/03--01008--016 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, ROBERT A 210 LENA VISTA BLVD AUBURNDAL FL 33823	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HIGGINS, BETH L 6781 WINTERSET GARDENS ROAD WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHEALEY, STEVEN C 2585 HIGHLANDS VUE PKWY LAKELAND FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELIAS, STEVEN L 136 LAKE OTIS ROAD WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/4/03 Daytime Phone #

0611777 AV

CP2E034 (10/02)