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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 26, 2001 8:00 am DOCUMENT # K98641 Secretary of State S.T.A.R. SURVEYING, INC. 03-26-2001 90034 018 \*\*\*150.00 Principal Place of Business Mailing Address C/O ROBERT M. STILL C/O ROBERT M. STILL 1130 E LEE BLVD 1130 E LEE BLVD LEHIGH ACRES FL 33939 LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0136785 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STILL, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 1130 E LEE BLVD LEHIGH ACRES FL 33936 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE TITI F ☐ Change Delete STILL, ROBERT M. NAME NAME 111 LEE BLVD. STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE STILL. CHRISTOPHER B NAME NAME STREET ADDRESS 111 LEE BLVD. STREET ADDRESS LEHIGH ACRES FL CITY-ST-7IP CITY-ST-ZIP STD ☐ Addition ☐ Change TITLE Delete . TITLE STILL, PATRICIA B. NAME NAME STREET ADDRESS 111 LEE BLVD. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP Addition TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Chance ☐ Addition TITLE NAME STREET ADDRESS 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.