2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012180

1. Entity Name
MERIDIAN SURVEYING & MAPPING, L.L.C.

FILED
01 APR 23 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
816 MCKINLEY AVENUE LEHIGH ACRES FL 33936	816 MCKINLEY AVENUE LEHIGH ACRES FL 33936

2. Principal Place of Business	3. Mailing Address
5245 RAMSEY WAY	5245 RAMSEY WAY
Suite, Apt. #, etc. SUITE #2	Suite, Apt. #, etc. SUITE #2
City & State FT. MYERS FL.	City & State FT. MYERS FL
Zip 33907 Country USA	Zip 33907 Country USA

4. FEI Number 65-1046366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'CONNELL, DENIS J JR. 816 MCKINLEY AVENUE LEHIGH ACRES FL 33936	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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-05/07/01--01041--003
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PRINCIPAL SCOTT M. SHORE 13 ARKANSAS RD. LEHIGH FL. 33936 MGR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PRINCIPAL TIMOTHY LEE MANN 5621 NEAL RD. FT. MYERS FL. 33905 MGR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PRINCIPAL J. SHERMAN MORRIS 5 JACKSON AVE LEHIGH FL. 33972 MGR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] DENIS J. O'Connell, JR. 3/29/01 (941) 275-8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #