## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # L08737** 1. Entity Name ADVANCED SURVEYING TECHNOLOGY, INC. 04-02-2001 90294 026 \*\*\*158.75 Mailing Address Principal Place of Business 814 EYRIE DR. Ste. 📭 815 EYRJE DR. STE. 4.3 OVIEDO FL 32765 OVIEDO FL 32765 US 3. Mailing Address 2. Principal Place of Business Kurie Drive DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2964205 Not Applicable Country \$8.75 Additional X 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRADHAM, CESAR H Street Address (P.O. Box Number is Not Acceptable) 1007 WILLOW LAKE CIRCLE OVIEDO FL 32765 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** DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE DPST NAME NAME BRADHAM, CESAR H. STREET ADDRESS STREET ADDRESS 1007 WILLOW LAKE CIR. CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change Addition ☐ Delete TITLE TITLE DVP NAME NAME **GLENDA BRADHAM** STREET ADDRESS STREET ADDRESS 1007 WILLOW LAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Wells, Holly E. 8455 Anson Way 8455 D EL 32792 Addition Delete TITLE TITLE NAME NAME BRADHAM, HOLLY E STREET ADDRESS STREET ADDRESS 5151 LAGY OAHS DRIVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Change Addition ☐ Delete TITLE NAME NAME BARCIAY, JOYCE B STREET ADDRESS STREET ADDRESS 2425 WHOOPING CRANE DRIVE CITY-ST-ZIP CITY-ST-ZIP DE LEON SPRINGS FL 32130 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

(407) 365-1595

Daytime Phone #