

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90034 032 ***150.00

DOCUMENT # L33690

1. Entity Name
INLAND SURVEYORS, INC.

Principal Place of Business

Mailing Address

1939 SUNSET PT RD
CLEARWATER FL 33765
US

1939 SUNSET PT RD
CLEARWATER FL 33765
US

2. Principal Place of Business

3. Mailing Address

633 Woods Rd POB 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zionville NC

4. FEI Number **59-2980187**

Applied For

Not Applicable

Zip

Country

Zip

Country

28698-0100
US

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

PAPPAS, LINDA J.
1304 RIDGE AVE
CLEARWATER FL 33755

Name

Tori Lewis
 Street Address (P.O. Box Number is Not Acceptable)

1623 N Highland Ave

City

Clearwater

FL

Zip Code

33755

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

Tori Lewis **Tori Lewis**

1-11-01

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, 2001 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **PAPPAS, LINDA J.**
 CITY-ST-ZIP **1304 RIDGE AVE**
CLEARWATER FL

TITLE ☒ Change ☐ Addition
 NAME **Silvie, Linda Pappas**
 STREET ADDRESS **633 Woods Rd**
 CITY-ST-ZIP **Zionville NC 28698-0100**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SILVIE, DANIEL R**
 CITY-ST-ZIP **1939 SUNSET PT RD**
CLEARWATER FL

TITLE ☒ Change ☐ Addition
 NAME **Silvie, Daniel R.**
 STREET ADDRESS **633 Woods Rd**
 CITY-ST-ZIP **Zionville NC 28698-0100**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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.

SIGNATURE:

Linda J. Pappas Silvie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/06/01 423)727-1067
 Daytime Phone #

CR2E034 (10/00)