

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90367 001 *****8.75
 02-04-2002 90367 002 ***150.00

DOCUMENT # L33690

1. Entity Name
INLAND SURVEYORS, INC.

Principal Place of Business

~~1030 SUNSET PT RD~~
~~CLEARWATER FL 33763~~
~~US~~

Mailing Address

633 WOODS ROAD
 PO BOX 100
 ZIONVILLE NC 23698
 US

11867



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

633 Woods Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zionville NC

City & State

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

LEWIS, TORI

1623 N HIGHLAND AVE
 CLEARWATER FL 33755

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

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 SHEVE, LINDA P
 633 WOODS ROAD
 ZIONVILLE NC 28698 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 SILVIE, LINDA P
 Spelling ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 SILVIE, DANIEL R
 633 WOODS ROAD
 ZIONVILLE NC 28698-0100 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Anda P. Silvie President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02 828/297-4927
 Date Daytime Phone #

CR2E034 (9/01)