2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am **DOCUMENT # L83935 Secretary of State** FORESIGHT SURVEYORS, INC. 03-12-2001 90420 012 ***150.00 Principal Place of Business Mailing Address 14561-B 58TH STREET NORTH 14561-8 58TH STREET NORTH CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 59-3021506 Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDS, DARRYL ATTY. Street Address (P.O. Box Number is Not Acceptable) 100 NORTH TAMPA STREET, SUITE 1800 SUITE A **TAMPA FL 33601** City 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Addition TITLE ☐ Delete TITLE Change EBBERS, DOUGH J. NAME NAME 2452 CHANNING CIRCLE EAST STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP CITY-ST-ZIP XX Delete TITLE TITLE ☐ Change Addition FERGUSON, TERRY D NAME NAME 1148 MANDERLEE PL STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HYATT, RUSSELL P NAME NAME 11023 8TH AVENUE EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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 alkother like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

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Daytime Phone #