## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 28, 2002 8:00 am Secretary of State

		<del>-</del>		1	Secre	tai v	oi State	
DOCUMENT # L83935					05-28-2002 91655 001 ***550.00			
I. EIRILY MAIN		•	/		05-28-20	02 91655	002 *****8.75	
ı	Foresight Surveyor	s, inc.						
DO NOT WRITE IN THIS SPACE								
9 Drivered DI	Inne of Durinous	3 Mailing Address	<del></del>					
2. Principal Place of Business 3. Mailing Address 14561-B 58th Street N. 14561-B 58th S				1.				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
Clearwater, FL Clearwater,			<u> </u>		FEI Number		Applied For	
					59-3021506	<b>c</b>	Not Applicable  8.75 Additional	
33760	Pinellas	<sup>Zip</sup> 33760	Pinella	ıs	5. Certificate of Status Desired	LX F∈	e Required	
			Name		Name and Address of Current	•		
Hamde Hamde					en H. Baskin, III, Esquire			
IN THIS SPACE					D. Box Number is Not Acceptable N: Ft. Harrison A	ivenue		
	IN THIS SP	ACE			· · ·			
<del>?</del>			City	Clea	arwater	FL	Zip Code 33755	
8. The above	named entity submits this state nent for	the purpose of changing its	registered office or	registered	agent, or both, in the State of Fl	orida.		
Joint 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
SIGNATURE	Signature, typod or printed name of registered agent at	Hamden H. Ba	ISKIN, III L: Registered Agent signate	ESC1	nire en reinstating)	5/,9/(	)2	
9. This corpo	pration is eligible to satisfy its Intangible	January 1 - N	lay 1 Fee is \$150	0.00	40 Floring Compaign Sir		¢5.00	
Tax filing requirement and elects to do so.  Amended UE  Amended UE			1, Fee is \$550.00 d UBR is \$61.25	- ·	10. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	Make Check Payat	ole to Departmen	t of State				
TITLE	President		TITLE		·		3	
NAME	Russell P. Hyatt						1000	
STREET ADDRESS CITY+ST+ZIP	11025 - Oth Avenue East						9760	
	Bradenton, FL 34202							
TITLE NAME	Secretary Thomas						6	
STREET ADDRESS	Laura Ebbers 2452 Channing Circle East							
CITY-ST-ZIP			CITY - ST - ZIP					
TITLE	Clearwater, FL	33/64	TITLE		·····			
NAME			NAME					
STREET ADDRESS					DO NOT	WRIT	F	
CITY+ST-ZIP			CITY-ST-ZIP				***************************************	
			TITLE		IN THIS	SPAC	E	
			NAME STREET ADDRESS		<del></del>			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE			TITLE		<del></del>			
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		<del></del>	CITY - ST - ZIP					
TITLE			. TITLE					
ALABAT			ATA LEL				l l	

13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: DAMA SHOW LAURA EBBERS, Secretary 5/9/02

BIGNATURE AND TYPES OF FIRSTED NAME OF SIGNING OFFICER OR DIRECTOR 1

STREET ADDRESS

CITY-ST-ZIP