

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

10-02-2002 90121007 \*\*\*\*\*70.00  
L87084

02 OCT -7 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Entity Name

L87084

Land Tech Survey & Mapping Corp.  
350 S. Central Ave  
Oviedo, FL 32765  
407-365-1036

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

350 S. Central Ave

Suite, Apt. #, etc.

NONE

City & State

Oviedo, FL

Zip

32765

Country

USA

3. Mailing Address

Same as place

Suite, Apt. #, etc.

of business

City & State

Oviedo, FL

Zip

32765

Country

USA

4. FEI Number

59-3019298

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Paul R. Burns

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

350 S. Central Ave

City

Oviedo

FL

Zip Code

32765

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Paul R. Burns  
350 S. Central Ave  
Oviedo, FL 32765

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/02 407-365-1036

Date

Daytime Phone #