

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77768

1. Entity Name

DOUGLAS SURVEYING, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90024 040 ***150.00

Principal Place of Business	Mailing Address
1 PARK DRIVE LAKE PLACID FL 33852 US	1 PARK DRIVE LAKE PLACID FL 33852-9694 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0014540	Applied For	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
WALDRON, EUGENE E. JR. 124 NORTH BREVARD AVE. ARCADIA FL 33821	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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST DOUGLAS, JOANN <input checked="" type="checkbox"/> Delete	TITLE	P WILLARD, DALE R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, JOANN	NAME	WILLARD, DALE R.
STREET ADDRESS	3231 NE APPALOOSA ST	STREET ADDRESS	5826 S.E. COUNTY ROAD 763
CITY-ST-ZIP	ARCADIA FL 34266	CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	PD DOUGLAS, LAWRENCE <input checked="" type="checkbox"/> Delete	TITLE	S/T WILLARD, KELLI J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, LAWRENCE	NAME	WILLARD, KELLI J.
STREET ADDRESS	3231 NE APPALOOSA ST	STREET ADDRESS	5826 S.E. COUNTY ROAD 763
CITY-ST-ZIP	ARCADIA FL 34266	CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	<input type="checkbox"/> Delete	TITLE	VP LAWRENCE E. DOUGLAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	LAWRENCE E. DOUGLAS
STREET ADDRESS		STREET ADDRESS	3231 N.E. APPALOOSA ST.
CITY-ST-ZIP		CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DALE R. WILLARD JR. JANUARY 3, 2000 863-465-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)