

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83618

1. Entity Name
ENGINEERING-SURVEYING UNLIMITED, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90167 026 ***150.00

Principal Place of Business
2240 HWY 44 WEST
PO BOX 2916
INVERNESS FL 34453
US

Mailing Address
2240 HWY 44 WEST
PO BOX 2916
INVERNESS FL 34451
US

2. Principal Place of Business
3788 E Gulf to Lake Hwy

3. Mailing Address
Suite, Apt. #, etc.

City & State
INVERNESS, FL

Zip
34452

Country
USA

4. FEI Number **59-2893867**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOWRING, RICHARD W
305 BLANCHE ST
INVERNESS FL 34452

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
205 S. Apopka Ave
City **Inverness** **FL** Zip Code **34452**

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, 2001 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

TITLE **PD** ☐ Delete
NAME **BOWRING, RICHARD W.**
STREET ADDRESS **305 BLANCHE ST**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **V** ☐ Delete
NAME **COVER, W R**
STREET ADDRESS **P.O. BOX 2916 N/A**
CITY-ST-ZIP **INVERNESS FL 34451**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **205 S. Apopka Ave**
CITY-ST-ZIP **Inverness FL 34452**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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 all other like empowered.

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

Date **4/10/01** Daytime Phone # **352-637-4111**

0650231

CR2E034 (10/00)