

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0075575

DOCUMENT # NO1000004174

1. Entity Name

GEO MAPPING, INC.



APPROVED
AND
FILED

03 APR -2 AM 3:49

Principal Place of Business

11550 COUNTY RD. 507
FELLSMERE FL 32948

Mailing Address

PO BOX 279
FELLSMERE FL 32948

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

10 N. Cypress St

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fellsmere FL

City & State

Zip

32948

Country

USA

Zip

Country

4. FEI Number

02-0625239

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOORE, TOM R
310 BLOUNT ST.
STE 116
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Jackson, Todd
Street Address (P.O. Box Number is Not Acceptable)
10 N. Cypress St
City Fellsmere FL Zip Code 32948

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Todd T. Jackson

Todd Jackson, Secretary

03-31-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ADAMS, TOM
STREET ADDRESS 12 NORTH ELM STREET
CITY-ST-ZIP FELLSMERE FL 32948 ☐ Delete

TITLE DS
NAME JACKSON, TODD T
STREET ADDRESS 1290 BONAVENTURE DR
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE DT
NAME RING, STEVE
STREET ADDRESS 12 NORTH ELM ST
CITY-ST-ZIP FELLSMERE FL 32948 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME Adams, Tom
STREET ADDRESS 10 N. Cypress St
CITY-ST-ZIP Fellsmere, FL 32948 ☒ Change ☐ Addition

TITLE DS
NAME Jackson, Todd T.
STREET ADDRESS 10 N. Cypress St.
CITY-ST-ZIP Fellsmere, FL 32948 ☒ Change ☐ Addition

TITLE DT
NAME Ring, Steve
STREET ADDRESS 10 N. Cypress St
CITY-ST-ZIP Fellsmere, FL 32948 ☒ Change ☐ Addition

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Tom Adams Pres 3-31-03 772-571-0577

CR2E037 (10/02)