

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N27738**

1. Entity Name

INSTITUTE OF MAPPING SCIENCES, INC.**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90322 050 ****61.25

008/532

Principal Place of Business

18221 COUNTY ROAD 225
P.O. BOX 347
EVINSTON FL 32633
US

Mailing Address

18221 COUNTY ROAD 225
P.O. BOX 347
EVINSTON FL 32633
US

952001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2910683

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GIBSON, DAVID W.
18221 COUNTY RD. 225
P.O. BOX 341
EVINSTON FL 32633

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GIBSON, DAVID W.**
STREET ADDRESS **COUNTY ROAD 225, BOX 347**
CITY-ST-ZIP **EVINSTON FL**TITLE **D** ☐ Delete
NAME **GIBSON, BETTY J.**
STREET ADDRESS **COUNTY ROAD 225, BOX 347**
CITY-ST-ZIP **EVINSTON FL**TITLE **D** ☐ Delete
NAME **WHITEBREAD, VERONICA L.**
STREET ADDRESS **COUNTY ROAD 225**
CITY-ST-ZIP **EVINSTON FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)