

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000004956

FILED  
Mar 06, 2002 8:00 AM  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF PROFESSIONAL GEOLOGISTS, INC.

**Current Principal Place of Business:**

335 BEARD STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

335 BEARD STREET  
TALLAHASSEE, FL 32303

**New Mailing Address:**

PO BOX 14629  
TALLAHASSEE, FL 323194629

**FEI Number:** 59-3348496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKROB, ROBERT  
335 BEARD STREET  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LLOYD, JACKIE  
Address: 903 WEST TENNESSEE STREET  
City-St-Zip: TALLAHASSEE, FL

Title: P ( ) Delete  
Name: WOOD, WALTER  
Address: 599 HEATHER BRITE CIRCLE  
City-St-Zip: APOPKA, FL

Title: TD ( ) Delete  
Name: LEMOS, CARLOS  
Address: 4610 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL

Title: VD ( ) Delete  
Name: MANGHEIMER, STU  
Address: 6365 NW 6TH WAY, STE 320  
City-St-Zip: FT. LAUDERDALE, FL

Title: SD ( ) Delete  
Name: RACHAL, RICK  
Address: 7825 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER WOOD

P

03/06/2002

Electronic Signature of Signing Officer or Director

Date