

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
 03-01-2001 90031 020 \*\*\*150.00

**DOCUMENT # P00000026906**

1. Entity Name  
**MARK E. BASSETT LAND SURVEYING AND MAPPING, INC.**

**925831**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
~~4554 CACTUS AVENUE~~ **4047 BEE RIDGE** ~~4554 CACTUS AVENUE~~  
~~SARASOTA FL 34231~~ **RD. SUITE B** ~~SARASOTA FL 34231~~  
**34233**

2. Principal Place of Business 3. Mailing Address

**4047 BEE RIDGE RD.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE B**

City & State City & State  
**SARASOTA, FL.**  
 Zip Country Zip Country  
**34233 USA**

4. FEI Number Applied For  
**65-0990290** Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASSETT, MARK E**  
**4554 CACTUS AVENUE**  
**SARASOTA FL 34231**

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

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 |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|----------------------------|---------------------------------|--|---|--|--|
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input checked="" 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 checked="" 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   |  |  |
| 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:

*Mark E. Bassett*  
**MARK E. BASSETT**

**02-14-01**

**941-921-9794**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)