

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90459 023 \*\*\*150.00

0516436

**DOCUMENT # P00000044328**

1. Entity Name  
**GODFREY LAND SURVEYING, INC.**

Principal Place of Business Mailing Address  
**12613 ASHDOWN DR. 12613 ASHDOWN DR.**  
**ODESSA FL 33556 ODESSA FL 33556**

930010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**12613 Ashdown DR 12613 Ashdown DR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Odessa Odessa**  
 City & State City & State  
**FL FL**

Zip Country Zip Country  
**33556 Hillsborough 33556 Hillsborough**

4. FEI Number Applied For  
**59-3447333** Not Applicable

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

6. Name and Address of Current Registered Agent  
**NELSON, SCOTT F**  
**200 S. HOOVER BLVD., BLDG. 201, STE. 140**  
**TAMPA FL 33609**

7. Name and Address of New Registered Agent  
 Name **James E Godfrey**  
 Street Address (P.O. Box Number is Not Acceptable) **12613 Ashdown DR**  
**Odessa FL 33556**  
 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 James E Godfrey James E Godfrey 2/20/01  
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.   
**FILE NOW!!! FEES \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GODFREY, JAMES E</b> <b>12613 ASHDOWN DR.</b> <b>ODESSA FL 33556</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GODFREY, DEBORAH L</b> <b>12613 ASHDOWN DR.</b> <b>ODESSA FL 33556</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James E Godfrey 2/07/01 813 926-9134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)