2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P00000085569 SURVEY DYNAMICS, INC. 01-29-2001 90039 021 ***158.75 Principal Place of Business Mailing Address 501 W. PEACHTREE STREET 501 W. PEACHTREE STREET LAKELAND FL 33803 LAKELAND FL 33803 UUUUUSI8U 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, BILLY R JR. Street Address (P.O. Box Number is Not Acceptable) 501 W. PEACHTREET STREET LAKELAND FL 33803 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DAVIS, BILLY R JR NAME 501 W. Peachtree St. STREET ADDRESS 6245 NORTH FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS CITY-ST-ZIP Lakeland FL CITY-ST-ZIP FORT LAUDERDALE FL 33308 TITLE ☐ Delete ☐ Change Addition (NAME BURGESS, JOSEPH L III NAME STREET ADDRESS 6245 NORTH FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 TITLE Delete TITLE ☐ Addition Lor, Ramey 5884 Enterprise PKWY NAME RAMEY, LORI NAME STREET ADDRESS 6245 NORTH FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS Fort Myers, FL 33905 CITY-ST-ZIE CITY-ST-ZIP FORT LAUDERDALE FL 33308 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR