FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90085 004 ***158.75

DOCUMENT # P000000 92083

1. Entity Name

ALPHA SURVEYING AND MAPPING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25 PALM HARBOR VILLAGE WAY	25 PALM HARBOR VILLAGE WAY
Suite, Apt. #, etc.: SUITE 1	Suite, Apt. #, etc.: SUITE 1
City & State: PALM COAST, FL	City & State: PALM COAST, FL
Zip: 32137 Country: USA	Zip: 32137 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593-67-6987 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SAVY, BENJAMIN

Street Address (P.O. Box Number is Not Acceptable): 2825 NORTH OCEANSHORE BLVD.

City: BEVERLY BEACH, FL Zip Code: 32136

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: BENJAMIN SAVY 4/29/02
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. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	DAN A. WILCOX	NAME	
STREET ADDRESS	12500 HWY. 11	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	DAVID T. WILCOX	NAME	
STREET ADDRESS	8210 C.R. 304	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	SAGE M. WILCOX	NAME	
STREET ADDRESS	8210 CR. 304	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID T. WILCOX, V 4/29/02 (386)437-6867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #