

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-14-2002 90325 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082433

1. Entity Name
AFFINITY SURVEYING INC.

Principal Place of Business
**1500 NW 62ND ST., STE. 511
FT. LAUDERDALE FL 33309**

Mailing Address
**1500 NW 62ND ST., STE. 511
FT. LAUDERDALE FL 33309**

00100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DENTRY, DEBORAH A
3540 FOREST HILL BLVD., STE. 203
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

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 _____
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) ☐	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREW SNYDER 210 NW 40TH AVE. DAVIE BCH, FL. 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICOLE CHAMBERS 4054 EASTRIDGE DR. POMPANO BCH, FL. 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3. CYNTHIA L. SHERR 9346 SW 34TH TERR. FORT LAUDERDALE, FL. 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____
OPERATION REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 **954 776 6766**
Date Daytime Phone #

CR2E034 (9/01)