FILED
May 30, 2002 8:00 am
Secretary of State

05-01-2002 91516 015 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095146

1. Entity Name

A & R SUBCONTRACTED SURVEYING, Inc.

DO NOT WRITE IN THIS SPACE

32744

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2. Principal Place of Business	3. Mailing Address
23631 Brooklyn Ave.	P.O. Box 1531
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sorrento, FL	City & State: Sorrento, FL
Zip: 32776 Country: USA	Zip: 32776 Country: USA

4. FEI Number: 59-3746483 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Axel Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 1950 EVARD AVE.

City: DELTONA Zip Code: 32725

6. 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 _____ 5-15-02

Signature, typed or printed name of registered agent and title if applicable. (Must be Registered Agent's signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	Allen, Richard D
STREET ADDRESS	23631 Brooklyn Avenue
CITY-ST-ZIP	Sorrento FL 32776
TITLE	SVD
NAME	Rodriguez, Axel
STREET ADDRESS	23631 Brooklyn Avenue
CITY-ST-ZIP	Sorrento FL 32776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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.

Richard D. Allen Richard D Allen 4/17/2002 407-928-2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #