

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90339 024 ***158.75

DOCUMENT # P01000104227

1. Entity Name

WOERTENDYKE SURVEYING, INC.

Principal Place of Business

Mailing Address

**804 IROQUOIS AVE
 MELBOURNE FL 32935**

**804 IROQUOIS AVE.
 MELBOURNE FL 32935**

B0053727



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

59-3707374

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOERTENDYKE, MARK A
 804 IROQUOIS AVE.
 MELBOURNE FL 32935**

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 FEE IS \$150.00

After Mar 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **WOERTENDYKE, MARK A**
 STREET ADDRESS **804 IROQUOIS AVE.**
 CITY-STATE-ZIP **MELBOURNE FL 32935**

TITLE **D/P** ☐ Change ☐ Addition
 NAME **WOERTENDYKE MARK A**
 STREET ADDRESS **804 IROQUOIS AVE**
 CITY-STATE-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ Delete
 NAME **WOERTENDYKE, DAVID R**
 STREET ADDRESS **804 IROQUOIS AVE.**
 CITY-STATE-ZIP **MELBOURNE FL 32935**

TITLE **OITIS** ☐ Change ☐ Addition
 NAME **WOERTENDYKE DAVID R**
 STREET ADDRESS **1457 130th AVE NE**
 CITY-STATE-ZIP **BELLEVUE WA 98005**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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.

MARK WOERTENDYKE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/02 321-752-7724