

**FOR PROFIT CORPORATION  
IFORM BUSINESS REPORT (UBR)**

FILED

02 JAN 30 AM 9:47

DOCUMENT # P01000 1179 35

1. Entity Name

ACE SURVEYING, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20751 SR 520

Suite, Apt. #, etc.

3. Mailing Address

2302 AMHERST AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3761335

Applied For

Not Applicable

Zip

32833

Country

ORANGE

Zip

32804

Country

ORANGE

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

KEVIN J. WALSH

Street Address (P.O. Box Number is Not Acceptable)

2302 AMHERST AVE.

City

ORLANDO

FL

Zip Code

32804

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

Kevin J. Walsh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-2002

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT  
KEVIN J. WALSH  
2302 AMHERST AVE.  
ORLANDO, FL 32803

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

700004911347

-02/12/02-01059-018

\*\*\*\*158.75 \*\*\*\*158.75

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VICE - PRESIDENT  
THOMAS EBERHARDT  
4315 SANDHURST DR.  
ORLANDO, FL 32817

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

KEVIN J. WALSH Kevin J. Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-2002

407-568-6399

407-245-7929

CR2E034B (12/04)