


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90205 048 \*\*\*158.75

**DOCUMENT #** P02000058818

**1. Entity Name**  
ASIAN & AMERICAN SURVEYING AND SERVICES, INC.



**Principal Place of Business**  
929-B TAMAMI TRAIL  
PORT CHARLOTTE FL 33953

**Mailing Address**  
17165 ELDER AVE.  
PORT CHARLOTTE FL 33954

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
929-B TAMAMI TRAIL  
Suite, Apt. #, etc.

**City & State**  
PORT CHARLOTTE

**Zip** FL 33953 **Country** USA



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**  
03-0431291

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
MCDANIEL, PATRICK H  
17165 ELDER AVE.  
PORT CHARLOTTE FL 33954

**7. Name and Address of New Registered Agent**  
Name: LINA C. STEINBROOK  
Street Address (P.O. Box Number is Not Acceptable):  
18399 BRIGGS CIRCLE  
City: PORT CHARLOTTE FL Zip Code: 33948

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE: Lina C. Steinbrook / PRESIDENT DATE: 2/18/03

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, MONALISA 17165 ELDER AVE. PORT CHARLOTTE FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MCDANIEL, MONALISA D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBROOK, LINA 18399 BRIGGS CIRCLE PORT CHARLOTTE FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEINBROOK, LINA C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: Lina C. Steinbrook / LINA C. STEINBROOK DATE: 2/18/2003 DAYTIME PHONE #: 941-743-0985

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

CR2E034 (10/02)