

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90396 006 ***150.00

0130324 AT

DOCUMENT # P02000108520

1. Entity Name

M & P LAND SURVEYORS, INC.



Principal Place of Business

**8298 NW 24TH STREET
MIAMI SPRINGS FL 33065
US**

Mailing Address

**PO BOX 770157
CORAL SPRINGS FL 33077-0157
US**

2. Principal Place of Business

8298 NW 24th Street
Suite, Apt. #, etc.

3. Mailing Address

PO Box 770157
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs, Florida
Zip **33065** Country **US**

City & State

Coral Springs, Florida
Zip **33077-0157** Country **US**

4. FEI Number

75-3083817

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEEDLE, HAROLD
8298 NW 24TH STREET
CORAL SPRINGS FL 33065**

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

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **HAROLD, NEEDLE**
STREET ADDRESS **8298 NW 24TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 files empowered.

SIGNATURE: **Harold Needle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-03 (954) 275-4396

Date Daytime Phone #

CR2E034 (4/03)