

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91044 027 ***150.00

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1. Entity Name
HOWARD DURDEN SURVEYOR, INC.

Principal Place of Business
**2702 OAK LYNN
EUSTIS FL 32726
US**

Mailing Address
**P.O. BOX 1245
TAVARES FL 32778
US**



2. Principal Place of Business
4075 OLD North Highway 19-A

3. Mailing Address
P.O. Box 1245

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Mount Dora FLORIDA

City & State
TAVARES, FLA.

4. FEI Number
59-3157728

Applied For
☒ Not Applicable

Zip
32757

Country
U.S.A.

Zip
32778

Country
U.S.A.

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

6. Name and Address of Current Registered Agent
**DURDEN, HOWARD
2702 OAK LYNN
EUSTIS FL 32726**

7. Name and Address of New Registered Agent
Name
DURDEN, HOWARD
Street Address (P.O. Box Number is Not Acceptable)
4075 Old North Highway 19-A
City
Mount Dora FL Zip Code
32757

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 **Howard Durden President** DATE **4/03/2003**
(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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DURDEN, HOWARD		NAME		
STREET ADDRESS	2702 OAK LYNN		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL Mount Dora FLA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** DATE **4/03/2003** DAYTIME PHONE # **352 589-2242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)