## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attactment with an address, with all other like empowered

SIGNATURE:

## Feb 19, 2002 8:00 am DOCUMENT # P93000056347 Secretary of State 1. Entity Name 1 02-19-2002 90098 036 \*\*\*150.00 BERRY LAND SURVEYING, INC. Principal Place of Business Mailing Address 3822 LAKE PADGETT DR 3822 LAKE PADGETT DR LAND O'LAKES FL 34639 LAND O'LAKES FL 34639 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3198452 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERRY, DAVID L. BERRY, DAVID L Street Address (P.O. Box Number is Not Acceptable) 2702 TWENTY MILE LEVEL ROAD 5225 GATO DEL SOL CIRCLE LAND O' LAKES FL 33639 City WESLEY CHAPEL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) ☐ Addition NAME BERRY, DAVID L NAME BERRY, DAVID L. STREET ADDRESS 2702 TWENTY MILE LEVEL ROAD STREET ADDRESS 5225 GATO DEL SOL CIRCLE CITY-ST-ZIP LAND O' LAKES FL CITY-ST-ZIP WESLEY CHAPEL, FL. 33544 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

FILED