2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 04, 2000 8:00 am
Secretary of State
03-16-2000 90077 007 ***158.75

DOCUMENT # P93000080903

1. Entity Name

MCC SURVEYING, INC.

Principal Place of Business	Mailing Address
2507 HOLLIS DR. TAMPA FL 33612	2507 HOLLIS DR. SUITE C-220 TAMPA FL 33618-3219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2507 Hollis Dr. Suite, Apt. #, etc.
City & State	City & State: TAMPA, FL
Zip / Country	Zip: 33612 / Country

4. FEI Number: 59-3212274 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, CHARLES F JR 2507 HOLLIS DRIVE TAMPA FL 33612	Name: Charles F. Rodriguez SR. Street Address (P.O. Box Number is Not Acceptable): 2507 Hollis Dr. City: TAMPA, FL **FL** Zip Code: 33612

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: Charles F. Rodriguez Sr. 3/29/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
CHARLES F. RODRIGUEZ, SR.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODRIGUEZ JR, CHARLES 2507 HOLLIS DRIVE TAMPA FL 33612	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RODRIGUEZ SR. CHARLES F. 2507 Hollis DR. TAMPA, FL 33612 PRESIDENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, TOM 12421 N FLA AVE / STE - C220 TAMPA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HAY, KENNETH 12421 N FLA AVE / STE C-220 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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 changed, or on an attached amendment, with all other like empowered.

SIGNATURE: Charles F. Rodriguez, Sr. 3/10/2000 813-961-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #