

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080903

1. Entity Name
MCC SURVEYING, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90069 041 ***150.00

Principal Place of Business
2507 HOLLIS DR.
TAMPA FL 33612

Mailing Address
2507 HOLLIS DR.
SUITE C-220
TAMPA FL 33612

2. Principal Place of Business
Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33618

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

RODRIGUEZ, CHARLES F JR
2507 HOLLIS DRIVE
TAMPA FL 33612

7. Name and Address of New Registered Agent
Name **RODRIGUEZ, CHARLES F SR**
Street Address (P.O. Box Number is Not Acceptable)
2507 Hollis Drive
City **Tampa, FL** Zip Code **33618**

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 Jr.* **CHARLES F. RODRIGUEZ, SR.** **4/23/01**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ JR, CHARLES		NAME	RODRIGUEZ SR, Charles	
STREET ADDRESS	2507 HOLLIS DRIVE		STREET ADDRESS	2507 Hollis Drive	
CITY-ST-ZIP	TAMPA FL 33612		CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, TOM		NAME		
STREET ADDRESS	12421 N FLA AVE / STE - C220		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAY, KENNETH		NAME		
STREET ADDRESS	12421 N FLA AVE / STE C-220		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		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		
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		

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 attachment with an address, with all other like empowered.

SIGNATURE: *Charles F. Rodriguez Jr.* **CHARLES F. RODRIGUEZ, SR.** **4/23/01** **813-961-2535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0349462

CR2E034 (10/00)