

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90045 045 \*\*\*150.00

**DOCUMENT # P93000080903**

1. Entity Name  
**MCC SURVEYING, INC.**

Principal Place of Business

**2507 HOLLIS DR.  
TAMPA FL 33618**

Mailing Address

**2507 HOLLIS DR.  
SUITE C-220  
TAMPA FL 33618**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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 SR  
2507 HOLLIS DRIVE  
TAMPA FL 33612**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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 JR., SR.**

*4/18/02*

Date

*813-968-2535*

Daytime Phone #

CR2E034 (9/01)