2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000010267

1. Entity Name

STINSON SURVEYING & MAPPING, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90323 038 ***150.00

Principal Place of Business 38872 US 19 N TARPON SPRINGS FL 34689 US				Mailing Address 38872 US 19 N - TARPON SPRINGS FL 34689 US								
2. Principal Place of Business				3. Mailing Address				16,011664 510 10161 91611 00111 00111	10		0 3361 4006 1006	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				59-3223884	3223884 Applied For Not Applicable			
Zip		Country	Zip				5. Certificate of Statu		Fee Required			
	6. Name	and Address of Curr	ent Registere				7. N	7. Name and Address of New Registered Agent				
						Name						
STINSON, DAVID 4241 NEWBURY DRIVE							Street Address (P.O. Box Number is Not Acceptable)					
NEW PORT RICHEY FL 34652									-			
			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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
-FILE NOW!!! FEE IS \$150.00								Election Campaign Finance Trust Fund Contribution.			D May Be to Fees	
		Florida Departmer						Hast Fund Continbution.		Auueu	to rees	
10.		. OFFICERS A	ND DIRECTO	RS	11.	· ·	AD	DITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS	S IN 11	
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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 recorder 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 the empowered

SIGNATURE: David W. Stinson, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2003

Date

727-934-8311

Daytime Phone #