2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P94000056233** Jan 27, 2000 8:00 am Secretary of State PALM COAST SURVEYS, INC. 01-27-2000 90113 016 ***150.00 Mailing Address Principal Place of Business 4631 NW 31 AVE 4631 NW 31 AVE SUITE 182 SUITE 182 FT LAUDERDALE FL 33309-3433 FT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0594321 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent KOBERTS. JEAN Street Address (P.O. Box Number & Not Acceptable) WARREN, EARL J 4631 NW 31 AVE SUITE 182 FT LAUDERDALE FL 33309 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. X Addition ☐ Change TITLE PO TITLE X Delete WARREN, EARL J NAME ROBERTS, JEAN NAME 4631 NW 31STAUR SUITE 182 4631 NW 31 AVE SUITE 182 STREET ADDRESS STREET ADDRESS 33309 CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP FT. KAUDERDALE ☐ Change ☐ Addition □ Delete TITLE TITLE SLOAN, LARRY R NAME NAME 4631 NW 31 AVE SUITE 182 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP Change Addition Delete TITLĖ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.