

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000025497**

1. Entity Name

SAMONS SURVEYING, INC.**FILED****Feb 09, 2000 8:00 am
Secretary of State**

02-09-2000 90054 017 ***150.00

Principal Place of Business

Mailing Address

**1887 S.W. 177TH AVENUE
MIRAMAR FL 33029****1887 S.W. 177TH AVENUE
MIRAMAR FL 33029-5247**

00010009

2. Principal Place of Business

2151 N.W. 2 AVENUE

3. Mailing Address

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL.

City & State

4. FEI Number

65-0569175

Zip

33431

Country

PALM BEACH

Zip

Country

5. Certificate of Status Desired ☐**\$8.75**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMONS, ROBERT L
1887 S.W. 177TH AVENUE
MIRAMAR FL 33029**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00**
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAMONS, ROBERT L	
STREET ADDRESS	1887 S.W. 177TH AVE.	
CITY-ST-ZIP	MIRAMAR FL 33029	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAIN, SCOTT	
STREET ADDRESS	1420 SW 82 TERRACE #1026	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	BATTAGLIA, ROBERT G	
STREET ADDRESS	2151 NW 2 AVENUE #101	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**Robert L. Samons**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000 (954) 915-870

Date

Daytime Phone #