

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90053 043 ***150.00

DOCUMENT # P95000025497

1. Entity Name

SAMONS SURVEYING, INC.

Principal Place of Business

Mailing Address

**2151 NW 2 AVENUE
101
BOCA RATON FL 33431**

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

2. Principal Place of Business

1692 NW MADRID WAY

3. Mailing Address

13824 NW 11 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL.

City & State
PEMBROKE PINES, FLORIDA

4. FEI Number **65-0569175**

Applied For
☐ Not Applicable

Zip
33432

Country
U.S.

Zip
33028

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75** Additional 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 **SAMONS, ROBERT L.**

Street Address (P.O. Box Number is Not Acceptable)
13824 NW 11 STREET

City **PEMBROKE PINES** FL Zip Code **33028**

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 **Robert L. Samons**
Signature, typed or printed name of registered agent and title if applicable.

ROBERT L. SAMON PRES.
(NOTE: Registered Agent's signature required when reinstating)

04/23/2001
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 **PD** ☐ Delete
NAME **SAMONS, ROBERT L**
STREET ADDRESS **1887 S.W. 177TH AVE.**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **PP.** ☒ Change ☐ Addition
NAME **SAMON, ROBERT L.**
STREET ADDRESS **13824 NW 11 STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33028**

TITLE **VD** ☐ Delete
NAME **BATTAGLIA, ROBERT G**
STREET ADDRESS **2151 NW 2 AVENUE #101**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VD** ☒ Change ☐ Addition
NAME **BATTAGLIA, ROBERT G.**
STREET ADDRESS **1692 NW MADRID WAY**
CITY-ST-ZIP **BOCA RATON, FL. 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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: **Robert L. Samons** **ROBERT L. SAMONS** **04/23/2001** **(954) 915-8705**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)