2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # P96000019010 1. Entity Name SANDY LAND SURVEYING & MAPPING, INC. 04-12-2000 90159 002 ***150.00 Principal Place of Business Mailing Address 16565 VANDERBILT DR 16565 VANDERBILT DR SUITE 3 SUITE 3 BONITA SPRINGS FL 33923 BONITA SPRINGS FL 34134-7552 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0656546 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDY, STEVEN K Street Address (P.O. Box Number is Not Acceptable) 775 100TH AVE N NAPLES FL 33963 Zip Code City FL 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 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 11. 12. CR2E034 (9/99 TITLE Delete TITLE ☐ Change Addition SANDY, STEVEN K NAME NAME STREET ADDRESS 775 100TH AVE N STREET ADDRESS CITY-ST-ZIP NAPLES FL 33963 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI £ SANDY, KINDRA NAME NAME 775 100TH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 33963 CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE 7171 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 医压力性抗性 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

Davtime Phone #