

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90003 048 ***150.00

DOCUMENT # P96000025548 ✓

1. Entity Name
 ACM Surveying, Inc.

Principal Place of Business 2522 Oak Street Jacksonville, FL 32204	Mailing Address 2522 Oak Street Jacksonville, FL 32204
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2. Principal Place of Business 2522 Oak Street	3. Mailing Address 2522 Oak Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32204	Country USA

4. FEI Number 59-3382971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name Michael Aiello
	Street Address (P.O. Box Number is Not Acceptable) 2522 Oak Street
	City Jacksonville
	FL Zip Code 32204

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 *Michael Aiello* **DATE** 4-12-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Vice-President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jeffrey B. Cavin		NAME	
STREET ADDRESS 2412 Egrets Glade Drive		STREET ADDRESS	
CITY - ST - ZIP Jacksonville, FL 32224		CITY - ST - ZIP	
TITLE President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Michael Aiello		NAME	
STREET ADDRESS HC 2 Box 2035		STREET ADDRESS	
CITY - ST - ZIP Bryceville, FL 32009		CITY - ST - ZIP	
TITLE Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Charles K. McIntosh		NAME	
STREET ADDRESS 350 Crossing Boulevard #511		STREET ADDRESS	
CITY - ST - ZIP Orange Park, FL 32073		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *Michael Aiello* **DATE** 4-12-00 **Daytime Phone #** 904 389 5989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR