

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
 01-18-2000 90168 010 ***150.00

DOCUMENT # P96000076153

1. Entity Name

OLDE ISLE SURVEYING & MAPPING COMPANY

Principal Place of Business

Mailing Address

**SOUTH 8TH ST
 BEACH FL 32034**

**910 SOUTH 8TH ST
 FERNANDINA BEACH FL 32034-3707**

2. Principal Place of Business

31 1/2 N. 3rd Street

3. Mailing Address

31 1/2 N. 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Fernandina Beach

4. FEI Number

59-3399916

Applied For

Not Applicable

Zip

Country

32034

USA

Zip

FL 32034

Country

USA

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

**POOLE, WESLEY R
 303 CENTRE ST, SUITE 200
 FERNANDINA BEACH FL 32034**

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 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MANZIE, MICHAEL A**
 STREET ADDRESS **2810 MAGNOLIA WOODS CT**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **Vice President** ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **HOFFMAN, STEPHEN W**
 STREET ADDRESS **P O BOX 171 N/A**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32035**

TITLE **President** ☒ Change ☐ Addition
 NAME **1897 FAYE ROAD**
 STREET ADDRESS **YULEE, FL 32097**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HOFFMAN, JEANETTE C**
 STREET ADDRESS **3275 BELLEVILLE LANE**
 CITY-ST-ZIP **YULEE FL 32097**

TITLE **Secretary** ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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: **Jeanette Hoffman** **1/10/00** **904-277-0885**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)