

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90136 028 ***150.00

DOCUMENT # P96000085519

1. Entity Name
ROBERTSON & ASSOCIATES SURVEYING & MAPPING, INC.



Principal Place of Business

**3611 SWANN AVENUE
SUITE 200
TAMPA FL 33609
US**

Mailing Address

**3611 SWANN AVE
SUITE 200
TAMPA FL 33609
US**

90045523



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**10126 Woodberry Rd.
Suite, Apt. #, etc.**

3. Mailing Address

**10126 Woodberry Rd.
Suite, Apt. #, etc.**

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3406899

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTSON, BILLY J
3611 SWANN AVENUE
SUITE 200
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10126 Woodberry Rd.

City

Tampa

FL

Zip Code

33619

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Billy J. Robertson, PRES.

3-6-03

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROBERTSON, BILLY J**
STREET ADDRESS **10307 ASHLEY OAKS DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **VSTD** ☐ Delete
NAME **ROBERTSON, BONNIE A**
STREET ADDRESS **10307 ASHLEY OAKS DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Billy J. Robertson, PRES.

3-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)