2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000018427** May 24, 2000 8:00 am Secretary of State GPS LAND SURVEYING, INC. 05-24-2000 90152 020 ***150.00 Mailing Address Principal Place of Business 1499 FOREST HILL BLVD 1499 FOREST HILL BLVD STE 118 STE 118 WEST PALM BEACH FL 33406-6050 WEST PALM BEACH FL 33406 2. Principal Place of Business 1499 Forest Hill Blud 3. Mailing Address 499 Forest Hill Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0732753 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent -----6:-Name and Address of Current Registered Agent TEEPE, MARK W 1499 FOREST HILL BLVD **STE 118** WEST PALM BEACH FL 33406 Zip Code 33406 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete Teepe Mark w. 1499 Forest Hill Blud Suite 110 TITLE 3 TEEPE, MARK W NAME STREET ADDRESS 1499 FOREST HILL BLVD STE 118 STREET ADDRESS West Palm Beach FL 33406 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition