

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90180 023 ***150.00

DOCUMENT # P97000101420

1. Entity Name

ASSOCIATED TERRAIN ESTIMATING, CORP.

Principal Place of Business

**2310 DAWNWOOD LANE
 ORLANDO FL 33809**

Mailing Address

**2310 DAWNWOOD LANE
 ORLANDO FL 33809**

2. Principal Place of Business

Neil S. Orange Blossom Tel. #129

3. Mailing Address

Neil S. Orange Blossom Tel. #129

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3371277

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, WILLIAM A
 6120 CASTLEWOOD LANE
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent

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

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

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

TITLE ☐ Delete
 NAME **DPVS**
 STREET ADDRESS **HALL, THOMAS M**
 CITY-ST-ZIP **2310 DAWNWOOD LANE
 ORLANDO FL 33809**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **HALL, THOMAS M**
 CITY-ST-ZIP **2310 DAWNWOOD LANE
 ORLANDO FL 33809**

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-02 (402) 854-8443

0101386 AV

11. (S) 1000000000