

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006565

1. Entity Name  
NEXT DAY SURVEY, INC.

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90067 019 \*\*\*150.00

Principal Place of Business  
3099 E. COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33308  
US

Mailing Address  
3099 E. COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33308  
US

2. Principal Place of Business  
1309 SE 1st Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Pompano Beach, FL

City & State

4. FEI Number 65-0827701

Applied For  
Not Applicable

Zip 33060  
Country Broward

Zip Country

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

PLATT, RONALD L  
170 NW SPANISH RIVER BLVD  
BOCA RATON FL 33431

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.

NO CHANGE  
SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/08/01

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, 2001 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          | SD                            | <input type="checkbox"/> Delete            |
| NAME           | PLATT, RONALD L               |  |
| STREET ADDRESS | 170 NW SPANISH RIVER BLVD     |  |
| CITY-ST-ZIP    | BOCA RATON FL 33431           |  |
| TITLE          | PD                            | <input type="checkbox"/> Delete            |
| NAME           | BALISTRERI, JAMES BALI Street |  |
| STREET ADDRESS | 1350 N FEDERAL HWY            |  |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062        |  |
| TITLE          | TD                            | <input type="checkbox"/> Delete            |
| NAME           | BALISTRERI, JOSEPH            |  |
| STREET ADDRESS | 1350 N FEDERAL HWY            |  |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062        |  |
| TITLE          | V                             | <input checked="" type="checkbox"/> Delete |
| NAME           | JACKSON, JAMES C              |  |
| STREET ADDRESS | 4601 SHERIDAN ST, STE 210     |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021            |  |
| TITLE          | V                             | <input type="checkbox"/> Delete            |
| NAME           | Robert L. Thompson            |  |
| STREET ADDRESS | 1309 SE 1 Street              |  |
| CITY-ST-ZIP    | Pompano Beach, FL 33060       |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BALISTRERI, James       |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BALISTRERI, Joseph      |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Robert L. Thompson      |  |
| STREET ADDRESS | 1309 SE 1 Street        |  |
| CITY-ST-ZIP    | Pompano Beach, FL 33060 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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

3/08/01

Date

954 489-3111

Daytime Phone #

CR2E034 (10/00)