FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90882 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060565 V/H/C MW

1. Entity Name
Next Day Survey, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1309 SE 1st Street	3099 E. Commercial Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach FL	City & State: Ft. Lauderdale FL
Zip: 33060 Country: USA	Zip: 33308 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650827701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ronald L. Platt

Street Address (P.O. Box Number is Not Acceptable): 170 NW Spanish River Blvd.

City: Boca Raton FL Zip Code: 33431

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	C.P
NAME	James Balistreri
STREET ADDRESS	3099 E. Commercial Blvd.
CITY-ST-ZIP	Fort Lauderdale FL 33308
TITLE	V.P.
NAME	Robert L. Thompson
STREET ADDRESS	1309 SE 1st Street
CITY-ST-ZIP	Pompano Beach FL 33060
TITLE	S.
NAME	Ronald L. Platt
STREET ADDRESS	170 NW Spanish River Blvd.
CITY-ST-ZIP	Boca Raton FL 33431
TITLE	T.
NAME	Joseph Balistreri
STREET ADDRESS	1350 N. Federal Hwy.
CITY-ST-ZIP	Pompano Beach FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Balistreri President James M. Balistreri 4/29/02 954 941 1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #