2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000021849**

Country

STAMBAUGH, ROBERT J

99 SIXTH STREET, SW WINTER HAVEN FL 33883

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

COOK SURVEYING & MAPPING, INC.

Principal Place of Business 515 SUNNY CIRCLE HINTER HAVEN FL 33880

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

CITY-ST-ZIP

Mailing Address

513 SUNNY CIRCLE WINTER HAVEN FL 33880-7131

3. Mailing Address

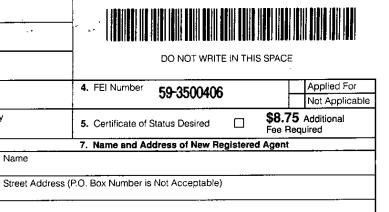
City & State

Zip

Suite, Apt. #, etc.

Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90035 049 ***150.00



FL

DATE

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.

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

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9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			lection Campaign Financing rust Fund Contribution.		\$5.00 Added	May Be to Fees		
11. OFFICERS AND DIRECTORS			RECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, D. STEVE 513 SUNNY CIRCLE WINTER HAVEN FL 338	380	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COOK, GAYLE P 513 SUNNY CIRCLE WINTER HAVEN FL 338	380	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
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13. I hereby certify that the information supplied with this filling 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 applicable, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: