

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000025626**

1. Entity Name

NATIONAL LAND SURVEYING CO.**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90162 019 ***158.75

Principal Place of Business

**621 24TH AVE SW
NORMAN OK 73069
US**

Mailing Address

**P O BOX 1394
NORMAN OK 73070**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **73-1538353**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STROM, EARL
15502 RACETRACK ROAD
ODESSA FL 35556**

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.

(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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	OUTLAND, ROBERT F	
STREET ADDRESS	621 24TH AVE SW	
CITY-ST-ZIP	NORMAN OK 73069	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STROM, EARL	
STREET ADDRESS	15502 RACETRACK RD	
CITY-ST-ZIP	ODESSA FL 35556	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OUTLAND, R. CRAIG	
STREET ADDRESS	3004 MARIGOLD TRAIL	
CITY-ST-ZIP	NORMAN OK 73072	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORRISON, J. KEITH	
STREET ADDRESS	10000 GERONIMO DR	
CITY-ST-ZIP	NORMAN OK 73026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
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

J. Keith MORRISON

Date

(405) 292-1217

Daytime Phone #

CR2E034 (10/00)