

2002 UNIFORM BUSINESS REPORT (UBR)

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

06-16-2002 90707 024 ***550.00

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DOCUMENT # P98000099851

1. Entity Name
FINSTAD LAND & SPACIAL SURVEYING, CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~12730 NEW BRITTANY BLVD., STE 420~~ ~~12730 NEW BRITTANY BLVD., STE 420~~
FT MYERS FL 33907 **FT MYERS FL 33907**

2. Principal Place of Business 3. Mailing Address
6238 PRESIDENTIAL CRT **6238 PRESIDENTIAL COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 4B **SUITE 4B**
 City & State City & State
FT MYERS **FT MYERS**
 Zip Country Zip Country
33907 **Lee** **33907** **Lee**

4. FEI Number **59-3558686** Applied For
 Not Applicable

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
SCHELLING, JEFFREY S PA
800 SEAGATE DRIVE., STE 304
NAPLES FL 34103
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST FINSTAD, MARY E 561 PORTSMOUTH COURT NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **June 11, 2002** **239-566-5025 Call**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **239-949-6911**

CR2E034 (9/01)