

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91321 020 ***158.75

DOCUMENT # P98000108257

1. Entity Name

RWA SURVEYING, INC.

Principal Place of Business

**3050 NO. HORSESHOE DR., STE. 270
 NAPLES FL 34104**

Mailing Address

**3050 NO. HORSESHOE DR., STE. 270
 NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0898011

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, CHRISTOPHER O
 3050 N HORSESHOE DRIVE STE 270
 NAPLES FL 34104**

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBAU, EMILIO J	
STREET ADDRESS	1074 SHEFFIELD AVE.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	WRIGHT, CHRISTOPHER O	
STREET ADDRESS	6667 HUNTLEY LANE NORTH	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARTER, ROGER G	
STREET ADDRESS	2232 41ST TERRACE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JAMES M	
STREET ADDRESS	661 13TH STREET SW	
CITY-ST-ZIP	NAPLES FL 34117	
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	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	940 CAXAMBA DRIVE	
CITY-ST-ZIP		
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		
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER O. WRIGHT
PRESIDENT

4/29/02

(941) 649-1509

Date

Daytime Phone #

CR2E034 (9/01)