## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000068688** 

1. Entity Name

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Jun 27, 2000 8:00 am **Secretary of State** 

ISLAND COAST SURVEYING, INC. 03-03-2000 90263 017 \*\*\*150.00 Mailing Address Principal Place of Business 17595 S. TAMIAMI TR., STE. 211 17595 S. TAMIAMI TR., STE. 211 FT. MYERS FL 33908-4570 FT. MYERS FL 33908 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0935587 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITE, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 17595 S. TAMIAMI TR., STE. 211 FT. MYERS FL 33908 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, TITLE PRESIDENT / THE SELRISING Delete NAME .... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP Change Addition TIME TITLE TRISASURIER TOE WHITE AVE 1805 NW 2ND AVE CAPE CORAL, FL 33993 NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition PAGGIOTENT - REMOVED 2-21-00 - CONTE Change TITLE NAME KRIS SLOSSER 4650 VILLA CAPRI LANA STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition DDE NAME NAME STREET ADDRESS STREET ADDRESS CHT-\$7-70 CITY-ST-ZIP ☐ Addition Change Dalete **TITLE** NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

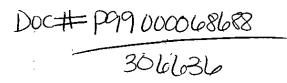
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: X

JOE WHITE

FORM MAICAD WITH ADDED INFO. 6-16-00

3/33/3/



## REMOVE AN OFFICER OR DIRECTOR

RESOLVED, that Kris A. Slosser is hereby removed from office as President of this Corporation, effective herewith, and

RESOLVED FURTHER, that the Secretary of this Corporation is hereby directed to give notice of such removal to the said President.

The undersigned hereby certifies that he is the duly elected and qualified Secretary and the custodian of the books and records and seal of Island Coast Surveying, Inc., a corporation duly formed pursuant to the laws of the State of Florida, and that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors, and that said meeting was held in accordance with state law and the Bylaws of the above-named Corporation on February 21, 2000, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 21st day of February, 2000.

A True Record. Attest.

Secretary