

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089784

1. Entity Name

CORNERSTONE LAND SURVEYORS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90441 022 ***150.00

Principal Place of Business

6003 NW 31 AVE
FT LAUDERDALE FL 33309

Mailing Address

6003 NW 31 AVE
FT LAUDERDALE FL 33309

00043379

2. Principal Place of Business

7140 NW 11 Street
Suite, Apt. #, etc.

3. Mailing Address

7140 NW 11 Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

26-6891896

Applied For

Not Applicable

Zip

33313

Country

Broward

Zip

33313

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHICKERING, DANIEL
6003 NW 31 AVE
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Chickering DANIEL

Street Address (P.O. Box Number is Not Acceptable)

7140 NW 11 STREET

City

PLANTATION

FL

Zip Code

33313

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 re-registering)

DATE

4-24-01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS CHICKERING, DANIEL
CITY-ST-ZIP 7140 NW 11 STREET
PLANTATION FL 33317

TITLE ☐ Delete
NAME D
STREET ADDRESS CHICKERING, JULIE
CITY-ST-ZIP 7140 NW 11 STREET
PLANTATION FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4-24-01 (954) 797-8028

Date

Daytime Phone #

CR2E034 (10/00)