

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90055 020 ***150.00

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1. Entity Name
CARR SURVEYING & MAPPING, INC.

Principal Place of Business
1062 SANGER STREET
PORT CHARLOTTE FL 33952

Mailing Address
1062 SANGER STREET
PORT CHARLOTTE FL 33952



2. Principal Place of Business
1600 MARINA BAY DR

3. Mailing Address
1600 MARINA BAY DR

Suite, Apt. #, etc.
206

Suite, Apt. #, etc.
206

CHECK HERE IF MAKING CHANGES

City & State
PANAMA CITY, FL

City & State
PANAMA CITY, FL

4. FEI Number 65-0961414

Applied For
Not Applicable

Zip Country
32409 USA

Zip Country
32409 USA

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

CARR, JOHN
1062 SANGER STREET
PORT CHARLOTTE FL 33952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Carr* PRESIDENT

JOHN CARR

4/30/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CARR, JOHN	1062 SANGER STREET	PORT CHARLOTTE FL 33952	<input type="checkbox"/>
				<input type="checkbox"/>

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Carr **RE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

(889) 271-0929
Daytime Phone #

CR2E034 (10/02)