

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90340 022 \*\*\*150.00

**DOCUMENT # S18942**

1. Entity Name

**ALTAMONTE SURVEYING AND PLATTING, INC.**

Principal Place of Business

**445 DOUGLAS AVENUE  
 SUITE 1455  
 ALTAMONTE SPRINGS FL 32714  
 US**

Mailing Address

**P.O. BOX 161094  
 ALTAMONTE SPRINGS FL 32714  
 US**

2. Principal Place of Business

**445 Douglas Ave.**

Suite, Apt. #, etc.

**Suite 1505**

City & State

**Altamonte Springs FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**32714**

Country

**USA**

Zip

Country

4. FEI Number

**59-3059020**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOLITRO, MICHAEL W.  
 439 W MEANDER DRIVE  
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

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

**707 Riverbend Blvd.**

**Longwood**

City

**FL**

Zip Code

**32779**

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]* **Pres. Michael W. Solitro**

**1/31/01**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PST	SOLITRO, MICHAEL W.	439 N MEANDER DR	ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Solitro, Michael W.	707 Riverbend Blvd.	Longwood, Florida 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **Michael Solitro Pres**

Date

**1/21/01 (407) 862-7555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)