				NESS REPO	PRT	(UBI	RA	53491/Q	
D <b>Ó</b> むし 1. Entity Nar	110	•	• -	WGINE	1	RI	NG		
& Surveying, Inc. Amended							ed	FILED	
Principal Plac	ce of Busines	3	1 to 4 10	Mailing Address 57	o He	rati	a hur	01 JUL 26 PM 12: 20	
5 10	, Hou	نهن ۱	tio Ave	Me	-	indi		CEODETANY DE CTATE	
Mw	ith ar	બ	F1 3225	ļ		3 2-73	51	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal F	Place of Busin	ess		3. Mailing Address					
Suite, Apt.	. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & Star	te -			City & State				4. FEI Number 5-9-30-72655 Applied For Not Applied Box	
Zip Country			untry	Zip	Coun	try		5. Certificate of Status Desired	
_			ddress of Current R	-3	•	Nome		7. Name and Address of New Registered Agent	
Deborth Ann Brewer						Name			
102 Elderwood ST						Street Address (P.O. Box Number is Not Acceptable)			
Wine	en c	ZC (	rings, F	1.32708					
						City		FL Zip Code	
8. The above	named entity	subm	nits this statement for	the purpose of changing its	registere	ed office or	registere	ed agent, or both, in the State of Florida.	
	7	)-51	rah A	B. 47	١			7-1101	
SIGNATURE.	Signature, typed	or printed	I name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signati	ure required	7 - 16 - 01  when reinstating) DATE	
9. This corpo	oration is eligi	ble to,	satisfy its Intangible	FILE NOW	II FEE	IS \$150.	00	40 Floation Comparing Stranging #5.00	
(See criter	requirement a ria on back)	nd ele I	cts to do so:	After MAY 1, 20 Make Check Payat				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	<u> </u>		OFFICERS AND D	<u> </u>	12.	peranon	t or out	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Debi	วณ์	th A. B.	Conseque □ Delete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS			الفريس متحاقا		NAM STRE	ET ADDRESS			
CITY-ST-ZIP	w.s		C1 329			ST-ZIP	John W	*****70.00 *****70.00	
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NAME Street address	Nesi 1005 L		i. Campb le Teak	عال	NAMI	ET ADDRESS	Kw	or James Walsh	
CITY-ST-ZIP	orta	~d'	ie rear	21,		ST-ZIP		LAND, FL 32804	
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name Street address	201000	· P	hillips D.		NAME		Thon	nas P. Eberhardt	
CITY-ST-ZIP	258 E	• 4	Ltanina	Dr		T ADDRESS ST-ZIP	1286	ANDOLFE 32817	
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CITY-ST-ZIP		<del></del> -		Π « · ·		ST-ZIP		- JM/M- S	
TITLE NAME		_		☐ Delete	TITLE - NAME	-		☐ Change ☐ Addition	
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP						ST-ZIP		- MARIE A MARI	
indicated	on this report	or sur	oblemental report is t	rue and accurate and that n	ny sianati	ure shall ha	ave the sa	ction 119.07(3)(i), Florida Statutes. I further certify that the information came legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE!

6-28-01 407-677-1411
Daylime Phone #