FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91237 048 ***158.75

DOCUMENT # F43541

1. Entity Name
PERMA-FIX OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10100 Rocket Blvd.	1940 NW 67th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Gainesville, FL
Zip: 32824 Country: USA	Zip: 32653 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1017466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CSC

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee **FL** Zip Code: 32301

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: Richard T. Kelecy 4/19/02
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	V X Delete	TITLE	
NAME	Sullivan, Patrick M	NAME	
STREET ADDRESS	6105 Masters Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	Centofanti, Louis F.	NAME	
STREET ADDRESS	6075 Roswell Road, Suite 602	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30328	CITY-ST-ZIP	
TITLE	VSTD	TITLE	
NAME	Kelecy, Richard T.	NAME	
STREET ADDRESS	1940 NW 67th Place, Ste A	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32653	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	VP	TITLE	
NAME	Randall, Roger	NAME	**IN THIS SPACE**
STREET ADDRESS	620 Allegheny Drive	STREET ADDRESS	
CITY-ST-ZIP	Sun City Center, FL 33573	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Christopher Blanton	NAME	
STREET ADDRESS	3701 SW 47th Ave. #109	STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33314	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard T. Kelecy 4/19/02 352-395-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #