

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90121 021 \*\*\*158.75

0624928

**DOCUMENT # K89084**

1. Entity Name  
**ENVIRONMENTAL SYSTEMS MANAGEMENT, INC.**

Principal Place of Business <b>111 FLAMINGO DRIVE          SUITE B          APOLLO BEACH FL 33572          US</b>	Mailing Address <b>6107 MACBELLA BLVD.          APOLLO BEACH FL 33572          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>6107 MARBELL BLVD</b> Suite, Apt. #, etc. <b>Apollo</b>
City & State	City & State <b>Apollo Beach, FL</b>
Zip <b>33572</b>	Country <b>US</b>

4. FEI Number <b>59-2954252</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>BRISLIN, MARILYN'S 6513 KING PALM WAY APOLLO BEACH FL 33572</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6107 Marbella Blvd</b> City <b>Apollo Beach</b> <b>FL</b> Zip Code <b>33572</b>
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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 *Marilyn S. Brislin* *Marilyn S. Brislin (CEO)* **1/11/01**  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRISLIN, THOMAS A.</b> <b>6513 KING PALM WAY</b> <b>APOLLO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6107 Marbella Blvd</b> <b>Apollo Beach, FL 33572</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BRISLIN, MARILYN S.</b> <b>6513 KING PALM WAY</b> <b>APOLLO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6107 Marbella Blvd</b> <b>Apollo Beach, FL 33572</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marilyn S. Brislin* *Marilyn S. Brislin (CEO)* **1/11/01** **813-** **641-1613**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/00)