## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: ≤

## May 16, 2001 8:00 am Secretary of State DOCUMENT # P93000009191 05-16-2001 90384 045 \*\*\*150.00 DOWN UNDER TANK TESTING OF FLORIDA, INC. Mailing Address Principal Place of Business 2581 JUPITER PARK DRIVE 2581 JUPITER PARK DRIVE 656506 SUITE F7 SUITE F7 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0387751 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOKE, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 515 NORTH FLAGLER DR. SUITE 600 W PALM BEACH FL 33401 City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE GRECO, FRANCINE NAME NAME 2581 JUPITER DRIVE - F7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Jupiter FL 33458 ☐ Change ☐ Addition \_)elete TITLE TITLE JANOTTA, WILLIAM E. NAME NAME STREET ADDRESS STREET ADDRESS 2581 JUPITER PARK DRIVE - F7 CITY-ST-ZIP CITY-ST-ZIF JUPITER FL 33458 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Francine Greco

CR2E034 (10/00)

Daytime Phone #