

**Amended*
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P970000062537**

1. Entity Name
Adventure Environmental, Inc.

FILED,

00 JUN 23 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**10 Pigeon Dr.
Key Largo, FL 33037**

Mailing Address
**10 Pigeon Dr.
Key Largo, FL 33037**

2. Principal Place of Business
10 Pigeon Dr.

3. Mailing Address
10 Pigeon Dr.

City & State
Key Largo, FL

City & State
Key Largo, FL

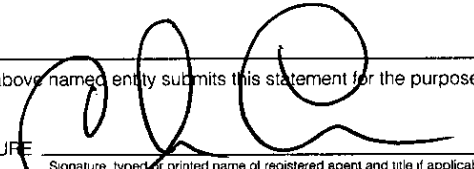
4. FEI Number
65-0768539

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**Christopher L. Colarusso
10 Pigeon Dr.
Key Largo, FL 33037**

7. Name and Address of New Registered Agent
Name **N/A (Not changing)**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

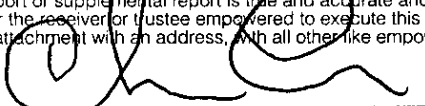
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  DATE **6-13-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Christopher L. Colarusso 10 Pigeon Dr. Key Largo, FL 33037	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Christopher L. Colarusso - Christopher L. Colarusso - C.C. 10 Pigeon Dr. Key Largo, FL 33037	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003351559--5 -08/09/00--01110--002 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  DATE **6-13-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)