2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am DOCUMENT # P97000065641 **Secretary of State** 1. Entity Name ENVIRONMENTAL MANAGEMENT SUPPORT, INC. 03-15-2001 90191 032 ***150.00 Principal Place of Business Mailing Address 3311 E. SEVILLA CIRCLE 3311 E. SEVILLA CIRCLE TAMPA FL 33629 **TAMPA FL 33629** 00025169 2. Principal Place of Business 3. Mailing Address 3311 E. SEYILLA CIR 33IJ*E*. SEVILLA CIR Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3464484 Not Applicable TAMPA Country Country \$8.75 Additional 5. Certificate of Status Desired 3368 Fee Required 3362ª HILLSTOROUGH 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUDLEY, ROSA L Street Address (P.O. Box Number is Not Acceptable) 3311 E. SEVILLA CIRCLE **TAMPA FL 33629** City Zip Code 8. The above named entity submys this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE and title it 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE ☐ Change TITLE DUDLEY, ROSA L NAME NAME 3311 E SEVILLA CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP ☐ Change Delete TITLE THOMASE DUDLEY SIN G. SEVILLA CIR NAME NAME 3311 G. SEYILL A CIR STREET ADDRESS STREET ADDRESS TAMPA FG 33624 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33629 TITLE Delete TITLE: --- →--- 🔄 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

813-835-8028

Daytime Phone #