

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90085 042 ***158.75

DOCUMENT # P98000063716

1. Entity Name
APPLIED ENVIRONMENTAL SERVICES, INC.

Principal Place of Business
~~988 WESTWOOD SQUARE SUITE 3~~ *1401 W. Broadway*
~~OVIEDO FL 32765~~ *OVIEDO, FL 32765*

Mailing Address
 P.O. BOX 620248
 OVIEDO FL 32762
 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Zip Country

4. FEI Number **59-3524539**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SWINDELL, WENDY M
1015 CORBIN COURT
OVIEDO FL 32765

7. Name and Address of New Registered Agent
 Name
 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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | P <input type="checkbox"/> Delete |
| NAME | SWINDELL, WENDY M |
| STREET ADDRESS | 1015 CORBIN COURT <i>108 Cardinal Dr.</i> |
| CITY-ST-ZIP | OVIEDO FL 32765 <i>Sebastian FL 32958</i> |
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| NAME | |
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| 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.

SIGNATURE: *Wendy M Swindell* **Wendy M. Swindell** *04/25/01* **561 581 305**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)