

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90182 026 ***150.00

CR2E034 (9/01)

DOCUMENT # P98000063716

1. Entity Name
APPLIED ENVIRONMENTAL SERVICES, INC.

Principal Place of Business
~~1401 W BROADWAY~~ **108 Cardinal Dr.**
SUITE B
OWIEDO FL 32765 Sebastian, FL 32958

Mailing Address
P.O. BOX 620248 · 690265
OWIEDO FL 32702 Vero Beach FL 32960
US



2. Principal Place of Business
 Suite, Apt. #, etc.
108 Cardinal Drive

3. Mailing Address
 Suite, Apt. #, etc.
P.O. Box 690265

DO NOT WRITE IN THIS SPACE

City & State
Sebastian, FL

City & State
Vero Beach FL

Zip
32958

Country
US

Zip
32960

Country
us

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 GORBIN COURT~~
~~OWIEDO FL 32765~~

7. Name and Address of New Registered Agent

Name **Swindell, Wendy M**

Street Address (P.O. Box Number is Not Acceptable)
108 Cardinal Drive

City **Sebastian** FL Zip Code **32958**

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 *Wendy M Swindell* **Wendy M. Swindell** **04/15/02**

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SWINDELL, WENDY M	
STREET ADDRESS	108 CARDINAL DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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** **04/15/02** **501/581-3051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #