

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** 608363 ✓

1. Entity Name

Jamson Environmental, Inc.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90024 042 \*\*\*158.75

Principal Place of Business

Mailing Address

105 South Bayview Blvd.  
Oldsmar, FL 34677-3130105 South Bayview B.  
Oldsmar, FL 34677-3

06059409

2. Principal Place of Business

3. Mailing Address

105 South Bayview Blvd.

105 South Bayview Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

59-2628365

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Patricia A. Eastman

Name

Patricia A. Eastman

4210 W Granada Street

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

4210 W. Granada Street

Tampa, FL 33629

City

Tampa

FL

Zip Code  
33629

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

P. Eastman, Patricia A. Eastman

5/19/00

Signature, typed or printed name of registered agent and title, 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, 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	P/S/D	<input type="checkbox"/> Delete
NAME	Patricia A. Eastman	
STREET ADDRESS	105 South Bayview Blvd.	
CITY-ST-ZIP	Oldsmar, FL 34677-3130	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

P. Eastman, Patricia A. Eastman

5/20/00

813/891-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)