2000 UNIFORM BUSINESS REPORT (UBR) FILED May 30, 2000 8:00 am Secretary of State **DOCUMENT # 633920** 1. Entity Name ENVIROSAFE TECHNOLOGIES, INC. 05-30-2000 90100 033 ***150.00 Principal Place of Business Mailing Address 3701-1 ST. JOHNS INDL. 3701-1 ST. JOHNS INDL. PKWY. WEST PKWY, WEST JACKSONVILLE FL 32246-7631 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1931920 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOYCE, DENNIS G Street Address (P.O. Box Number is Not Acceptable) 1998 OCEANFRONT ST **NEPTUNE BCH FL 32266** Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. PSD ☐ Change Addition ☐ Delete TITLE TITLE JOYCE, DENNIS NAME NAME 1998 OCEANFRONT ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEPTUNE BEACH FL 32266** CITY-ST-ZIP ☐ Change ☐ Addition TIT! F ☐ Delete Joyce, Danesé NAME NAME STREET ADDRESS 1998 OCEANFRONT ST. STREET ADDRESS **NEPTUNE BEACH FL 32266** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete JOYCE, FRANKLIN B NAME NAME 1998 OCEAN FRONT ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEPTUNE BEACH FL 32266** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE · · · · . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toge 4/5/00

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