

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90071 005 ***150.00

DOCUMENT # *FOI 000004570*

1. Entity Name

Environmental Industrial Minerals

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

791 RINGER Loop

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ellensburg, WA

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip *98926*

Country *U.S.A.*

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *COSTA D. XISTRIS*

Street Address (P.O. Box Number is Not Acceptable)
746 SAWGRASS BRIDGE Rd

City *VENICE*

FL

Zip Code *33592*

**DO NOT WRITE
IN THIS SPACE**

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 *COSTA D. XISTRIS*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/23/02*

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>CHAIRMAN COSTA D. XISTRIS 746 SAWGRASS BRIDGE Rd VENICE, FL 33592</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICED PRESIDENT JOHN V. XISTRIS 746 SAWGRASS BRIDGE Rd VENICE, FL 33592</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DARLENE BOYKIN (Secretary) 791 RINGER Loop Ellensburg, WA 98926</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR Victor Boykin 791 RINGER Loop Ellensburg, WA 98926</i>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #