2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # F04237** Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** HCC ENVIRONMENTAL SERVICES, INC. 03-27-2000 90119 019 ***150.00 Mailing Address Principal Place of Business P O BOX 487 MIDWAY PLAZA SR 21 SUITE 4 EARLETON FL 32656-9123 MELROSE FL 32666 2. Principal Place of Business 340 S.W. Jasmine Ave 3. Mailing Address <u>340 S.W. Jasmine Ave.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2042149 Keystone HGts, FL Keystone Hgts, Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32656 Fee Required Clay 32656 Clay 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>HATCH, JR</u> HATCH, EARL R JR. Street Address (P.O. Box Number is Not Acceptable) 9829 N.E. CR 1469 <u>340 S.W. Jasmine Avenue</u> **EARLETON FL 32631** Keystone Heights Zip Code 32656 8. The above named e submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE $\overset{\text{rec}}{A}\overset{\text{degelies}}{\overset{\text{degelies}}{C}}\overset{\text{degelies}}{\overset{\text{degelies}}{C}}\overset{\text{degelies}}{\overset{\text{degelies}}{C}}\overset{\text{degelies}}{\overset{\text{degelies}}{C}}\overset{\text{degelies}}{\overset{\text{degelies}}{C}}\overset{\text{degelies}}{\overset{\text{degelies}}{C}}\overset{\text{degelies}}{\overset{\text{degelies}}{C}}\overset{\text{degelies}}{\overset{\text{degelies}}{\overset{\text{degelies}}{C}}}\overset{\text{degelies}}{\overset{\text{degelies$ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to Vatisfy 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/VP/S/T X Change ☐ Addition TITLE TITLE ☐ Delete HATCH, Earl R. Jr. HATCH, EARL R., JR. NAME NAME 340 S. W. Jasmine Avenue STREET ADDRESS 9829 NE CR 1469 BOX 69 STREET ADDRESS Keystone Heights, FL 32656 CITY-ST-ZIP CITY-ST-ZIP **EARIETON FL** Change ☐ Addition X Delete TITLE TITLE HATCH, MONICA A NAME NAME STREET ADDRESS STREET ADDRESS 9829 NE CR 1469 BOX 69 CITY-ST-ZIP CITY-ST-ZIP **EARLETON FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information indicated on this report or supple of the corporation or the receive changed, or on an attachment

REPresident

01/14/00

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 that 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 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 an address, with all other like empowered.

473-9801