2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # F9600001190 HAWKINS ENVIRONMENTAL ENGINEERING, INC. 04-02-2001 90094 017 ***150.00 Principal Place of Business Mailing Address 9123 KLEINMAN RD 9123 KLEINMAN RD HIGHLAND IN 46322 HIGHLAND IN 46322 NO030285 2. Principal Place of Business 3. Mailing Address 10226 Idlewild 10276 Idlewild Lane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Hghland City & State Çity & State Applied For 4. FEI Number 35-1872932 ghland Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 46322-2540 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRUECKEBERG, JOHN H ESQ Street Address (P.O. Box Number is Not Acceptable) KRUECKEBERG & LICCIARDI LAW OFFICES 4081 TAMIAMI TR N #C-105 NAPLES FL 33940 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DCPT** R2E034 (10/00) TITLE ☐ Delete TITLE Change HAWKINS, AUGUST E NAME NAME 10226 Idlewild Lane STREET ADDRESS STREET ADDRESS 9123 KLEINMAN RD Highland IN 46322 -3540 CITY-ST-ZIP CITY-ST-ZIP HIGHLAND IN 46322 ☐ Delete TITLE TITLE DCVS NAME NAME HAWKINS, PATSY T 10276 Idlewild Lane STREET ADDRESS STREET ADDRESS 9123 KLEINMAN RD Highland IN 46322-3540 CITY-ST-ZIP CITY-ST-ZIP HIGHLAND IN 46322 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR