## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 25, 2002 8:00 am § Secretary of State DOCUMENT # F96000002526 1. Entity Name 03-25-2002 90141 043 \*\*\*150.00 ENVIRONMENTAL MONITORING COMPANY, INC. Principal Place of Business Mailing Address 183 PRADO RD. 183 PRADO RD. SAN LUIS OBISPO CA 93401 SAN LUIS OBISPO CA 93401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-3436033 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāmē CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVE. TALLAHASSEE FL 32303 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME E HAYES, WILLIAM A NAME STREET ADDRESS 142 FLORIN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PISMO BEACH CA 93449 TITLE SD ☐ Delete TITLE ☐ Change Addition NAME NAME HAYES, THELMA M STREET ADDRESS STREET ADDRESS 142 FLORIN ST. CITY-ST-7IP CITY-ST-ZIP PISMO BEACH CA 93449 Delete Change --- Addition = NAME BAYNHAM, CATHERINE STREET ADDRESS STREET ADDRESS **500 MADERA AVENUE** CITY-ST-ZIP CITY-ST-ZIP MORRO BAY CA 93407 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 805-544-2037

FILED