

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

0065498
AV

DOCUMENT # F97000005402



1. Entity Name
BSI ENVIRONMENTAL, INC.

03-17-2003 90125 002 ***150.00

Principal Place of Business
**4575 HWY 90 E.
PACE FL 32571**

Mailing Address
**4474 WOODBINE RD
BLDG 3, SUITE 12
MILTON FL 32571**



2. Principal Place of Business
4474 WOODBINE RD.

3. Mailing Address

Suite, Apt. #, etc.
BLDG 3, SUITE 12

Suite, Apt. #, etc.

City & State
PACE FL

City & State

4. FEI Number **75-2261037**

Applied For
Not Applicable

Zip
32571

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

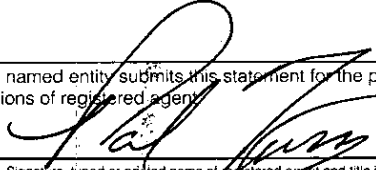
Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

3/10/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DP FAESSVER, PAT**
STREET ADDRESS **4474 WOODBINE RD. BLDG 3 STE 12**
CITY-ST-ZIP **PACE FL 32571**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DT LISSNER, KURT**
STREET ADDRESS **RT. 3, BOX 375**
CITY-ST-ZIP **BIG SANDY TX 75755**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D LISSNER, ANGELA**
STREET ADDRESS **RT. 3, BOX 375**
CITY-ST-ZIP **BIG SANDY TX 75755**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

850/380-1036
Daytime Phone #

CR2E034 (10/02)