## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # F99000003571 Apr 11, 2000 8:00 am Secretary of State CBM ENVIRONMENTAL SERVICES, INC. 04-11-2000 90219 004 \*\*\*150.00 Principal Place of Business Mailing Address 377 CAROWINDS BLVD., SUITE 118 377 CAROWINDS BLVD., SUITE 118 FORT MILL SC 29715 FORT MILL SC 29708-7283 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 56-1715156 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RADKE, RICHARD W Street Address (P.O. Box Number is Not Acceptable) C/O BARNETT, BOLT, KIRKWOOD & LONG 601 BAYSHORE, SUITE 700 TAMPA FL 33606 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE Delete TITLE NAME NAME ROSS. CATHERINE STREET ADDRESS STREET ADDRESS 377 CAROWINDS BLVD., SUITE 118 CITY-ST-ZIP CITY-ST-ZIP FORT MILL SC 29715 ☐ Addition Change ☐ Delete TITLE NAME NAME CZOER, KENNETH E STREET ADDRESS STREET ADDRESS 377 CAROWINDS BLVD., SUITE 118 CITY-ST-ZIP CITY-ST-ZIP FORT MILL SC 29715 TITLE ☐ Addition TITLE Delete NAME NAME DESILVA, MELANIE 377 CHROWINDS BLVD #118 STREET ADDRESS STREET ADDRESS 377 CAROWINDS BLVD., SUITE 118 MILL, SC 29715 CITY-ST-ZIP CITY-ST-ZIP FORT MILL SC 29715 ☐ Addition TITLE ☐ Delete TiTt F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 structure 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 entrewered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date