


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90092 030 \*\*\*158.75

<b>DOCUMENT #</b> H51059	
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<b>1. Entity Name</b> ASBESTOS ABATEMENT OF FLORIDA INC.	<b>Principal Place of Business</b> 4405 NW 28TH WAY BOCA RATON FL 33434	<b>Mailing Address</b> 4405 NW 28TH WAY BOCA RATON FL 33434
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-2517907	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

BLASSER-GRUBY, WENDY  
4405 NW 28TH WAY  
BOCA RATON FL 33434

**7. Name and Address of New Registered Agent**

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) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> BLASSER-GRUBY, WENDY	
<b>STREET ADDRESS</b> 4405 NW 28TH WAY	
<b>CITY-ST-ZIP</b> BOCA RATON FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Wendy Blasser-Gruby* **1/4/03** **5619945566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)