

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H84315

1. Entity Name

FLORIDA ENVIRONMENTAL, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90145 014 ***150.00

Principal Place of Business

Mailing Address

% JACK O. HACKETT 11 ESQ.
P.O. DRAWER 1447
PUNTA GORDA FL 33951

P.O. BOX DRAWER 511447
PUNTA GORDA FL 33951
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2612208**

Applied For

Not Applicable

Zip

Country

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

HACKETT, JACK O., II, ESQUIRE
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS ROSS, DONALD H.
CITY-ST-ZIP 18419 MEYER AVE
PORT CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VST
STREET ADDRESS DODD, ANDREW
CITY-ST-ZIP 18050 VANDERBUILT DRIVE
PORT CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS KOCUR, CHARLES L., JR.
CITY-ST-ZIP 27148 VILLARRICA DR.
PUNTA GORDA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS CESARIO, BRENDA W
CITY-ST-ZIP 5241 SABAL TRACE DR
NORTH POINT FL 34287

TITLE ☒ Change ☐ Addition
NAME V
STREET ADDRESS CESARIO, BRENDA W
CITY-ST-ZIP 5241 SABAL TRACE DR
NORTH PORT FL 34287

TITLE ☐ Delete
NAME V
STREET ADDRESS Laroque, Sarah J.
CITY-ST-ZIP 4378 Concert Street
Port Charlotte, FL 33948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS Randy L. Austin
CITY-ST-ZIP 1624 Marina Lake Dr.
Kissimmee, FL 34744

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

991 624-2961

Daytime Phone #

CR2E034 (9/99)