

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90033 046 ***150.00

DOCUMENT # H84315

1. Entity Name

FLORIDA ENVIRONMENTAL, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

c/o Jack O. Hackett II

Suite, Apt. #, etc.
P.O. Drawer 511447

3. Mailing Address

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Zip

33951-1447

Country

US

Country

4. FEI Number

59-2612208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
HACKETT, JACK O. II, Esquire

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

99 Nesbit Street

City
Punta Gorda

FL

Zip Code
33950

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

4/1/02

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, 2002 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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LAROCQUE, SARAH J
4378 CONCERT ST
PORT CHARLOTTE FL 33948 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
AUSTIN, RANDY L
1624 MARINA LAKE DR
KISSIMEE FL 34744 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROSS, DONALD H.
1265 Bayshore Drive
Englewood, FL 34223 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
Dodd, Andrew
75 Doubloon Drive
Cape Haze, FL 33946 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Larocque, Sarah J.
19228 Moore Haven Ct.
Port Charlotte, FL 33948 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Furst, Brian J.
5455 Joslyn Terrace
Port Charlotte, FL 33981 ☐ Change ☒ Addition

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:

Donald H. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02 (941) 426-7878

Date

Daytime Phone #

CR2E034 (9/01)