2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address P O BOX 7180

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

HUDSON FL 34674-180

J33872 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

KENTON, MICHAEL W.

8440 BRANDEIS CIRCLE WEST

Suite, Apt. #, etc.

City & State

Zip

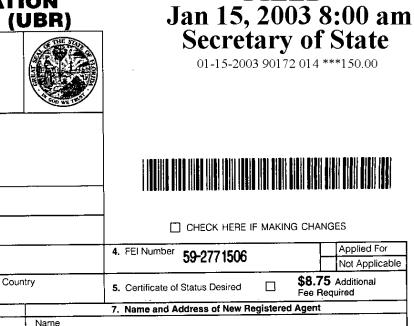
SIGNATURE

12547 DENTON AVE

HUDSON FL 34667

US

ENVIRONMENTAL EQUITIES, INC.



FILED

SARASOTA FL 34243-2910 Zip Code City

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.

(NOTE: Registered Agent signature required when reinstating)

-	NOW TEEL 10 6450 00
	FILE NOW!!! FEE IS \$150.00
(á	
	After May 1, 2003 Fee will be \$550.00
	711007 11111, 1, 11111 11111 11111

Country

6. Name and Address of Current Registered Agent

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

9. Election Campaign Financing Trust Fund Contribution.

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

\$5.00 May Be Added to Fees

DATE

Applied For

Not Applicable

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. OFFICERS AND DIRECTORS Addition TITLE ☐ Delete TITLE KENTON, MICHAEL W. NAME NAME 8440 BRANDEIS CIRCLE WEST STREET ADDRESS STREET ADDRESS SARASOTA FL 34243-2910 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attackment with an afformation with an afformation supplied with this filling 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. changed, or on an attack

SIGNATURE:

FMICHAELW EGNON

R2E034 (10/02)