2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0156922 FP

DOCUMENT # J38864

FILED
03 OCT 27 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

1. Entity Name
VAUGHN ENVIRONMENTAL SERVICE CORPORATION

Principal Place of Business	Mailing Address
1461 STANFORD STREET PORT CHARLOTTE FL 33952	1461 STANFORD STREET PORT CHARLOTTE FL 33952

2. Principal Place of Business	3. Mailing Address
1461 Stamford St.	1461 Stamford St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, Fl.	City & State: Port Charlotte, Fl.
Zip: 33952 Country: Charlotte	Zip: 33952 Country: Charlotte

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2773432 ☐ Applied For ☐ Not Applicable

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
VAUGHN, CHARLES F. 1461 STAMFORD ST PT CHARLOTTE FL 33952	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 Charles F. Vaughn [signature] 10-21-03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VAUGHN, CHARLES F. 1461 STAMFORD ST PT CHARLOTTE FL ☐ Delete	☐ Change ☐ Addition 700024173537 10/27/03--01109--013 **758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHUMACHER, DAVID G 3423 MELISSA CT PT CHARLOTTE FL ☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (4/03)

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: SIGNATURE REQUIRED [signature] 10-21-03. 941/625-6994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #