## DOCUMENT # J93851

SEAGULL ENVIRONMENTAL MANAGEMENT COMPANY, INC.



## **FILED** Mar 20, 2006 8:00 am Secretary of State 03-20-2006 90016 045 \*\*\*150.00

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### CAUDERDALE, FL 33311  ### C. Horizon and Address of Dustriess*    Sulto, Apt. 4, etc.   Sulto, Apt. 4, etc	Principal Place of Business Ma			lailing Address			<del></del>					
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2p	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03022006	Chg-P	CR2E	)34 (11/05)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired 9. Strough JAMES F. 900 N. W. FIFTH AVE FT. LAUDERDALE, FL 33311  City FL Zip Code  6. The above named entity submits this stalament for the purpose of changing lis registered degent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both i	City & State			City & State						فسهموط	<del></del>	
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STUMP, JAMES F. 900 N. W. FIFTH AVE  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.    City   FL   Zip Code	6. Name and Address of Current Registered Agent					1	7. Name and	Address of New R	egistered			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code						Name						
E. 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 obtigations of registered agent.    SIGNATURE				Street Addres			ass (P.O. Box Numbe	r is Not Acceptable	<del>)</del> )	· · · · · · · · · · · · · · · · · · ·		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and eccept the obtigations of registered agent.    SIGNATURE	FT. LAUDE	RDALE, FL 33311										
B. 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						City			FI	Zip Cod	le	
SIGNATURE   Signature, typed or printed coarse of mightened agent and tills it explainable. (NOTE: Registered Agent depositor sequeled when networkship)   DATE												
State   Change   Ch												
After May 1, 2006 Fee will be \$\$50.00  After May 1, 2006 Fee will be \$\$50.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11  TILE  MME STUMP, JAMES F. STREET ADDRESS CITY-ST-2P  TILE  TILE  TILE  PORT LAUDERDALE, FL 33311  TILE  MME STREET ADDRESS CITY-ST-2P	SIGNATURE											
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.	ļ	Signature, typed or printed name of re	egletered agent and title	Mapplicable. (NOT	TE: Registere	ed Agent signature re	quired when reinstating)		DATE			
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	L	ertify that the information s	upplied with this	filing does not qualify f			ained in Chapter 119	, Florida Statutes. I	further ce	rtify that the i	nformation	

indicated on this report or supplied will use sling goes not quality for the exemptions contained in Chapter 11s. Honda Statutes. I ruther certify that the information indicated on this report or suppliemental 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:**