42000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K42233** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name ANDERSON COLUMBIA ENVIRONMENTAL, INC. 04-26-2000 90171 035 ***150.00 Principal Place of Business Mailing Address GUERDON RD PO BOX 1386 LAKE CITY FL 32635-7490 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2962323 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCRAE, T. H. Street Address (P.O. Box Number is Not Acceptable) 2 GUERDON ROAD PO BOX 1386 LAKE CITY FL 32056-1386 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **X** Addition PD TITLE TITLE Delete MCRAE, TED NAME NAME STREET ADDRESS STREET ADDRESS **GUERDON RD** CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 Delete TITLE TITLE FULKERSON, JOHN NAME STREET ADDRESS **GUERDON-RD-**STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE-CITY-FL 32055 Addition ☐ Delete TITLE TITLE SCHREIBER, BRIAN P NAME STREET ADDRESS STREET ADDRESS **GUERDON RD** CITY-ST-ZIF CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: 5