2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

UN	IFORM BUSINI	ESS REPOR	3T (L	JBR)	_ Sep 13, 2003	CC4 4	
1. Entity Nam	MENT # K994 4 DE ENVIRONMENTAL TAN				Secretary o		
Principal Place of Business 6440 RIDGE ROAD PORT RICHEY FL 34668 US		Mailing Address P.O. BOX 166 PORT RICHEY FL 34673 US					
2. Principal Place of Business		3. Mailing Address				(4): 6): 6): 6): 6): 6): 6): 6): 6): 6): 6	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2957415	Applied For Not Applicable	
Zip	Country	Zip	Count	ry		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered A	Agent	
				Name			
YOUAKIM 6440 RID	, robert e Ge road	Street Address		Street Address	(P.O. Box Number is Not Acceptable)		
PORT RICHEY FL 34668							
				City	FL	Zip Code	
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent		·	d office or regist	stered agent, or both, in the State of Florida. I am f	amiliar with, and accept	
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department o				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	PD YOUAKIM, ROBERT 6043 LAFAYETTE ST NEW PT RICHEY FL	☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS		☐ Change ☐ Addition	

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.

CITY-ST-ZIP

TITLE

NAME ·

CITY-ST-ZIP

STREET ADDRESS

Delete

SIGNATURE LANGE BERESOUIREROBEN E. Youakim 8/28/03 727 842-8245

CR2E034 (4/0:

Change

Addition