**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

## Apr 14, 2003 8:00 am Secretary of State L14381 DOCUMENT # 04-14-2003 90927 042 \*\*\*158.75 1. Entity Name FLORIDA ENVIRONMENTAL COMPLIANCE CORPORATION Principal Place of Business Mailing Address C/O GORDON KIRKLAND C/O GORDON KIRKLAND 2418 SILVER STAR ROAD 2418 SILVER STAR ROAD ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2964880 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIRKLAND, GORDON 3823 TRONWEDGE DR 2700 Lakeshore Drive Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL-32808 32.803 City 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE M Change ☐ Addition KIRKLAND, GORDON NAME NAME 2700 Lakeshore Druc STREET ADDRESS -3823 IRONWEDGE DR STREET ADORESS ORLANDO FL 92808 CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32803 VD ŤŢĿĔ ☐ Delete TITLE ☐ Change ☐ Addition KIRKLAND, DWAYNE NAME NAME STREET ADDRESS **603 VIANA COURT** STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP Change - Addition TITLE TITLE Defete LAWING, TIMOTHY NAME NAME 902 N WESTMORELAND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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