## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # L91272** May 11, 2000 8:00 am Secretary of State 1. Entity Name PHOENIX ENVIRONMENTAL SERVICES, INC. 05-11-2000 90345 001 \*\*\*450.00 Principal Place of Business Mailing Address 2916 E PARK AVENUE 2916 E PARK AVENUE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-3427 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3021813 Not Applicable Zip 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 Name CONIGLIO, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 104 EAST THIRD AVENUE TALLAHASSEE FL 32303 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Delete Change TITLE TITLE DANSER, RUSSELL K JR NAME NAME STREET ADDRESS STREET ADDRESS 3465 LENOX MILL ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL TITLE ☐ Delete Change ☐ Addition TITLE NAME ARMSTRONG, RANDALL L 2916 E PARK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP Delete To Table ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITTI ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition UTLE NAME STREET ADDRESS WHEE ANDRESS CITY-ST-ZIP ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADORESS

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 12 in B changed, or on an attachma

CITY-ST-ZIP

\*\*\*\*NATURE:

ST-ZIP