CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Mar 05, 2002 8:00 am § Secretary of State DOCUMENT # L91862 1. Entity Name 03-05-2002 90088 025 ***150.00 KELLY ENVIRONMENTAL SERVICES, INC. Principal Place of Business Mailing Address 713 EDGE STREET 713 EDGE STREET FORT WALTON BEACH FL 32547-2952 FORT WALTON BEACH FL 32547-2952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3029741 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Γ Fee Required 6._Name and Address of Current Registered Agent _7._ Name and Address of New Registered Agent Name KELLY, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 713 EDGE STREET FORT WALTON BEACH FL 32547 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE ☐ Delete TITLE KELLY, JAMES M. NAME NAME 713 EDGE STREET STREET ADDRESS STREET ADDRESS FORT WALTON BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAMÉ NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP "Change" Addition Delete ŤITLÉ 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 ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

Date

Daytime Phone #