

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90068 025 ****61.25

DOCUMENT # N01000004073

1. Entity Name

CENTER FOR COMMUNITY ENVIRONMENTAL RESEACH, INC.

Principal Place of Business

Mailing Address

C/O JONES, FOSTER, JOHNSTON & STUBBS, P.A.
 505 SOUTH FLAGLER DR STE 1100
 WEST PALM BEACH FL 33401

C/O JONES, FOSTER, JOHNSTON & STUBBS, P.A.
 505 SOUTH FLAGLER DR STE 1100
 WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

CER Center
 Suite, Apt. #, etc.
503 Magnolia Ave
 City & State
Jasper, TN

CER Center
 Suite, Apt. #, etc.
PO Box 280
 City & State
Jasper, TN

City & State

City & State

Zip

Zip

Country

Country

37347

USA

37347

USA

4. FEI Number

31-1786840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIZIAH, TRENT S
C/O JONES, FOSTER, JOHNSTON & STUBBS, P.A.
505 SOUTH FLAGLER DR STE 1100
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HIGHSMITH, MARGARET E PO BOX 224436 PO Box 280 WEST PALM BEACH FL 33422-4436 Jasper, TN 37347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SWAFFORD, HELEN F PO BOX 82 JASPER TN 37347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLIFIELD, JEANNIE F 3126 S DUNN STREET SMYRNA GA 30080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 280 Jasper, TN 37347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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 617, 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.

SIGNATURE: **Margaret E Highsmith**

4/3/02

423-942-6139