

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90103 028 ****70.00

DOCUMENT # N98000003082

1. Entity Name

FLORIDA ENVIRONMENTAL RESEARCH INSTITUTE, INC.

Principal Place of Business

Mailing Address

**4807 BAYSHORE BLVD
 SUITE 101
 TAMPA FL 33611**

**4807 BAYSHORE BLVD
 SUITE 101
 TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3517698

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

**BISSETT, W P
 5405 S CRESENT DR
 TAMPA FL 33611**

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.

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 \$61.25

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 ☐ Delete
 NAME **PD BISSETT, W. PAUL III**
 STREET ADDRESS **5405 S CRESCENT DR**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD ANDRE, ABBY**
 STREET ADDRESS **3724 HARBOR HEIGHTS DR.**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5314 LENOIR COURT**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE ☐ Delete
 NAME **D BISSETT, JULIET W**
 STREET ADDRESS **5405 S CRESCENT DR**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD GONZALEZ, HENRY**
 STREET ADDRESS **2218 SHADE HILL COURT**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D PEAVY, TERRY G**
 STREET ADDRESS **7823 BRIGHAM ROAD**
 CITY-ST-ZIP **GATES MILLS OH 44040**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1380 ECHO GLEN, PO BOX 369**
 CITY-ST-ZIP **GATES MILLS, OH 44040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 8138373379
 Date Daytime Phone #

CR2E037 (9/01)