

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P00000000636****1. Entity Name**

REDEMPTION ENVIRONMENTAL, INC.

**Principal Place of Business**

205 S. HOOVER BLVD., SUITE 201

TAMPA  
33609

FL

**Mailing Address**

205 S. HOOVER BLVD., SUITE 201

TAMPA  
33609

FL

**2. Principal Place of Business**

205 S. HOOVER BLVD., SUITE 101

**3. Mailing Address**

205 S. HOOVER BLVD., SUITE 101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

TAMPA

FL

**City & State**

TAMPA

FL

**4. FEI Number**

59-3624575

**Applied For**

Not Applicable

Zip  
33609

Country

Zip  
33609

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**CECCARELLI JACK J  
205 S. HOOVER BLVD., SUITE 201TAMPA  
33609

FL

**7. Name and Address of New Registered Agent**

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)

**05/01/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)** ☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State****10. Election Campaign Financing  
Trust Fund Contribution.** ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CECCARELLI JACK J	
STREET ADDRESS	205 S. HOOVER BLVD., SUITE 201	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Jack J. Ceccarelli

Date: 05/01/2000