

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91166 023 \*\*\*150.00

**DOCUMENT #8**

1. Entity Name

PO00000016950

RECLAMATION MINING CONSULTANTS, INC.

667677

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6715 Poley Creek Drive West

Suite, Apt. #, etc.

3. Mailing Address

6715 Poley Creek Drive West

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-3644107

Applied For

Not Applicable

Zip

33811

Country

POLK

Zip

33811

Country

POLK

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Hedrick, Bonnie E.

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

610 Carter Road (East)

City

Lakeland

FL

Zip Code

33813

**DO NOT WRITE  
IN THIS SPACE**

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

Tax filing requirement and elects to do so.  
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME

D

BULGER, J. Michael

STREET ADDRESS

6715 Poley Creek Drive, West

CITY - ST - ZIP

Lakeland FL 33811

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

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FISK, ALAN C

STREET ADDRESS

6715 Poley Creek Drive, West

CITY - ST - ZIP

Lakeland, FL 33811

TITLE  
NAME

STREET ADDRESS

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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

Daytime Phone #

CR2E034B (12/01)