

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90205 036 \*\*\*150.00

**DOCUMENT # P00000059149**

**1. Entity Name**  
**SPRINGFIELD ENVIRONMENTAL CONSULTING, INC.**



**Principal Place of Business**  
**343 W. 5TH ST.**  
**JACKSONVILLE FL 32206**

**Mailing Address**  
**343 W. 5TH ST.**  
**JACKSONVILLE FL 32206**

**2. Principal Place of Business**  
**1527 FUNDERS ROAD**

**3. Mailing Address**  
**1527 FUNDERS ROAD**

**Suite, Apt. #, etc.**  
**#104**

**Suite, Apt. #, etc.**  
**#104**

**City & State**  
**JACKSONVILLE, FL**

**City & State**  
**JACKSONVILLE, FL**

**Zip**  
**32207**

**Country**  
**USA**

**Zip**  
**32207**

**Country**  
**USA**

☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **59-3676761**

**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**

**WRAGG, WAYNE WILLIAM**

**343 W. 5TH ST. 1527 FUNDERS ROAD, #104**  
**JACKSONVILLE FL 32206 32207**

**Name**

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

**1527 FUNDERS ROAD**

**#104**

**City** **JACKSONVILLE**

**FL**

**Zip Code** **32207**

**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** *Wayne W. Wragg*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **P** ☐ **Delete**  
**NAME** **WRAGG, WAYNE W**  
**STREET ADDRESS** **343 W. 5TH ST. 1527 FUNDERS ROAD,**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32206 32207 #104**

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

**TITLE** ☐ **Delete**  
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**STREET ADDRESS**  
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**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 607, 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:** *Wayne W. Wragg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/03**

Date

**904-509-5683**

Daytime Phone #

CR2E034 (10/02)