2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90011 009 ***150.00

DOCUMENT # P00000070412

1. Entity Name
CERTIFIED ENVIRONMENTAL INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
737 E ATLANTIC BLVD POMPANO BEACH FL 33060	737 E ATLANTIC BLVD POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1 Gail Road		P.O. Box 280	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sebastian		City & State: Roseland, FL	
Zip: 32958	Country: Indian River	Zip: 32957	Country: Indian River

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICELI, LAWRENCE
737 E ATLANTIC BLVD
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name: Susan J. Headley
Street Address (P.O. Box Number is Not Acceptable): 1 Gail Road
City: Sebastian FL Zip Code: 32958

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] February 22, 2001
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) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICELI, LAWRENCE G 737 E ATLANTIC BLVD POMPANO BEACH FL 33060	[X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Susan J. Headley 1 Gail Road Sebastian, FL 32958	[ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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CR2E034 (10/00)

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: [signature] 2/22/01 (561) 589-8313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #