2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am Secretary of State DOCUMENT # P0000072751 1. Entity Name 01-23-2001 90133 027 ***150.00 ARGUS ENVIRONMENTAL SERVICES, INC. Principal Place of Business Mailing Address 2622 VERONA TRAIL 2622 VERONA TRAIL WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 315 WEST GRANT Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINES, MATT Street Address (P.O. Box Number is Not Acceptable) 930 SOUTH MILLS AVE ORLANDO FL 32808 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 (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May 8e Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: CR2E034 (10/00) TITLE ☐ Delete President TITLE 🔊 Change ☐ Addition lines, matthew M. 2622 Verona Trail LINES, MATT MAME NAME STREET ADORESS STREET ADDRESS 207 SANFORD STREET CITY ST ZIP CITY-ST-ZIP **ENCINITAS CA 92024** WINTER PARK TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TIT! F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information indicated on this report or supplet of the corporation or the receiver changed, or on an attachment with

SIGNING OFFICER OR DIRECTOR

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 entail eport is tipe and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director trust is empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

1/23