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

FILED May 08, 2002 8:00 am Secretary of State

03-28-2002 90843 001 ***450.00 05-08-2002 90013 035 ***158.75

| DOCUMENT # 1. Entity Name | P010000819 | 158 |
|----------------------------|------------|-----|
| FNVIRO | SYSTEMS | TNI |

| | DO NOT WRITE | IN THIS SI | PACE | si . | | |
|--|---|---|--|-----------------------------|--|--|
| 2. Principal | Place of Business S High Way One | 3. Mailing Address 420 US Highway One | | | · | |
| Suite, Apr | t. #, etc. | Suite, Apt. #, etc. | | 2 | DO NOT WRITE IN THIS SPACE | |
| North F | alm Beach, Florida | North Palm Beach, Florida | | | FE1 Number | Applied For Not Applicable |
| Zip 3 3 | 3408 Country USA | ^{Zip} 33408 | Country USA | | Certificate of Status Desired | \$8.75 Additional Fee Required |
| | DO NOT W | DITE | Name | Roberi | ame and Address of Current Registe T. Khox | red Agent |
| DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) The Not Acceptable of the Not | | | | | | |
| | | · | City A | orth t | alm Beach F | L Zing 31408 |
| 8. The above | e named entity submits this statement for | the purpose of changing its | registered office or | registered ag | ent, or both, in the State of Florida. | 1 55 75 8 |
| SIGNATURE | Signature, typed or printed name of registered agent an | Onitie applicable. (NOTE | : Registered Agent signatu | re required when re | April 30 DATE DATE | Voor |
| 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. | President Direct | | | | | |
| NAME | Ronald A. Becton | | TITLE NAME | | | |
| STREET ADDRESS CITY+ST+ZIP | 1360 28Th PTreet Vero Beach FL | 35960 | STREET ADDRESS CITY-ST-ZIP | | | |
| fitle, Name | Director | | TITLE NAME | i i i | | |
| STREET ADDRESS CITY-ST-ZIP | Jack J. EnTerline 1010 Grandview Blud | 74979 | STREET ADDRESS CITY'ST-ZIP | | | |
| TITLE NAME | Director/Treasurer | | TITLE NAME | - | | |
| STREET ADDRESS CITY+ST-ZIP | Robert T. Knox 721 Huckleharry La | ne 32400 | STREET ADDRESS CITY-ST-ZIP | | DO NOT WR | ITE |
| TITLE NAME | Math Palm Beach, | / L | TITLE NAME | | IN THIS SPA | CE |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | : | | |
| NTLE NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS | | | |
| TITLE | | | CHY-ST-ZIP TITLE | | | |
| NAME STREET ADDRESS - CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | 3 | | |
| 13. Thereby of indicated of the cor | certify that the information supplied with tron this report or supplemental report is troporation or the repenser or trustee empore | is filing does not qualify for t ue and accurate and that my vered to execute this report | | d in Section 1 | 19.07(3)(i), Florida Statutes. I further ca egal effect as if made under oath; that I | ertify that the information am an officer or director |

attachment with an address, with all other like empowered.

SIGNATURE:

Robert T. Knox

Apr: 130, voor 161-627-1734