

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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05-08-2003 90159 050 \*\*\*\*50.00  
06-05-2003 90127 043 \*\*\*100.00

<b>DOCUMENT # P01000093644</b>																													
<b>1. Entity Name</b> <b>AMERICAN ENVIRONMENTAL RESOURCES INC.</b>																													
<b>Principal Place of Business</b> 10121 CALUMET LANE LAKE WORTH FL 33467			<b>Mailing Address</b> 10121 CALUMET LANE LAKE WORTH FL 33467																										
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		<b>4. FEI Number</b> 65-1141532																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable																									
<b>8. Name and Address of Current Registered Agent</b> LEE, JEFFREY C 10121 CALUMET LANE LAKE WORTH FL 33467				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																									
<b>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.</b>																													
SIGNATURE				DATE <b>4/20/03</b>																									
(NOTE: Registered Agent signature required when reinstating)				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>10. OFFICERS AND DIRECTORS</b>																									
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<b>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.</b>																													
<b>SIGNATURE:</b>				DATE <b>4/20/03</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #																									

CR2E034 (10/02)