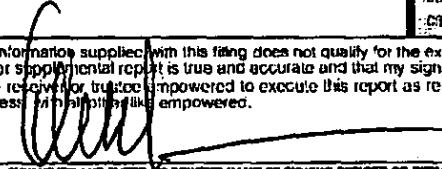


FILED
Jun 02, 2003 8:00 am
Secretary of State

05-01-2003 90289 019 ***150.00

5/1/2

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

DOCUMENT # P020000029793		
1. Entity Name ODDEN HEIMAR Remediation Services Inc.		
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 120 South Ocean Dunes		3. Mailing Address PO Box 1994 Suite, Apt. #, etc.
City & State JUPITER, FL		City & State PALM CITY, FL
Zip 33477	Country USA	Zip 34991-6994 Country USA
4. FEI Number 75-3038041		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name THOMAS W. WESSON		
Street Address (P.O. Box Number is Not Acceptable) 120 South Ocean Dunes		
City JUPITER FL Zip Code 33477		
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 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering) DATE		
January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
THOMAS W. WESSON 120 S. OCEAN DUNES JUPITER, FL 33477		
C/V P GILBERT KEIHE 2190 SE LEHA CT. STUART, FL 34994-4586		
S/T Donnie D. KULCSAR 1955 SE. BOWIE ST. PORT SAINT LUCIE, FL 34952		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address. With this filing, I am empowered.		
SIGNATURE: 		4/25/03 722-342-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

CR2E034B (12/02)