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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 # P02000029793

1. Entity Name
OLDENHeimer Remediation Services Inc

DO NOT WRITE IN THIS SPACE

55045802

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2. Principal Place of Business	3. Mailing Address
120 South Ocean Dunes	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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of reg stered agent and title if applicable. (NOTE: Reg stered Agent signature required when reinstating)

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	P	TITLE	
NAME	THOMAS W. WESSON	NAME	
STREET ADDRESS	120 S. Ocean Dunes	STREET ADDRESS	
CITY-ST-ZIP	Jupiter, FL 33477	CITY-ST-ZIP	
TITLE	C/VP	TITLE	
NAME	GILBERT KEISSE	NAME	
STREET ADDRESS	2190 SE LEDHA CT.	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994-4586	CITY-ST-ZIP	
TITLE	S/T	TITLE	
NAME	Donnie D. KULCSAR	NAME	
STREET ADDRESS	1955 SE. Bowie ST.	STREET ADDRESS	
CITY-ST-ZIP	Port Saint Lucie, FL 34952	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/25/03 772-342-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #