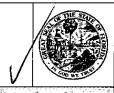
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

1. Entity Name

P02000051388

EMTO LAB ENVIRONMENTAL SERVICES, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91363 042 ***150.00

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2419 Morgan Point Blvd. 717 E. Oak Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Kissimmee, Kissimmee, 61-1414590 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34743 USA 34744 USA 7. Name and Address of Current Registered Agent Swart, Harry CPA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 717 E. Oak Street IN THIS SPACE City **Kissimmee** 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. Harry Swart, CPA SIGNATURE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE TITLE **DPST** NAME NAME Causcut, Màrsha E. STREET ADDRESS STREET ADDRESS 2419 Morgan Point Blvd. CITY-ST-ZIP CITY-ST-ZIP Kissimmee: FL 34743 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 $t/\sqrt{03}$

Daytime Phone #

CR2E034B (12/02)