2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 13, 2001 8:00 am Secretary of State **FOCUMENT # P92000005168** SOUTHERN ENVIRONMENTAL & INDUSTRIAL SERVICES. IN 02-13-2001 90036 001 ***158.75 Principal Place of Business Mailing Address 5434 56TH COMMERCE PARK BLVD. 5434 56TH COMMERCE PARK BLVD. TAMPA FL 33610 **TAMPA FL 33610** 00016750 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3158534 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, J CURTIS Street Address (P.O. Box Number is Not Acceptable) 513 WYNNWOOD DRIVE BRANDON FL 33511 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete JITI F ☐ Change Addition NAME WILLIAMS, MICHAEL M MAME STREET ADDRESS STREET ADDRESS 4842 11TH AVE CIR E CITY-ST-ZIP CITY-ST-7IP BRADENTON FL 34208 TITLE VST ☐ Delete TITLE Change ☐ Addition NAME TAYLOR, J C NAME STREET ADDRESS 513 WYNNWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** TITLE ☐ Delete ☐ Addition ☐ Chance NAME NAME #\$ € 5. km STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Vice Pres.

PED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR