## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## DOCUMENT # **P93000049951** Apr 04, 2000 8:00 am Secretary of State A&A COASTAL POLLUTION CLEANUP SERVICES, INC. 04-04-2000 90101 042 \*\*\*163.75 Principal Place of Business Mailing Address P O BOX 5028 3209 THIRD AVENUE EAST TAMPA FL 33675-5028 **TAMPA FL 33605** naatug 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3192255 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WENDY S. RENNERT Street Address (P.O. Box Number is Not Acceptable) 8541 RICHMOND STREET GIBSONTON FL 33534 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ De'ete TITLE RENNERT, PATRICK NAME NAME 8541 RICHMOND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GIBSONTON FL** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE RENNERT, BRIAN NAME NAME 8541 RICHMOND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GIBSONTON FL** CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE RENNERT, WENDY S. NAME NAME STREET ADDRESS 8541 RICHMOND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GIBSONTON-FL Change ☐ Addition De ete TITLE KELLY, MICHAEL J NAME NAME 10909 ASTER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if

VICE PRESIDENT

NAME OF SIGNING OFFICER OR DIRECTOR

813-248-3494

Daytime Phone #

03/30/00

Date