

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060291

1. Entity Name  
BBJ ENVIRONMENTAL SOLUTIONS, INC.

Principal Place of Business

6802 CITICORP BLVD.  
SUITE 500  
TAMPA FL 33619  
US

Mailing Address

6802 CITICORP BLVD.  
SUITE 500  
TAMPA FL 33619  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-3199461

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

BAKER, ROBERT G  
6802 CITICORP BLVD  
SUITE 500  
TAMPA FL 33619

## 7. Name and Address of New Registered Agent

Name GORDON, MICHAEL J.

Street Address (P.O. Box Number is Not Acceptable)

6802 CITICORP BLVD., STE 500

City

TAMPA

FL

Zip Code 33619

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)

DATE 4/4/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																											
NAME	BAKER, ROBERT G		NAME																																																																												
STREET ADDRESS	408 14TH STREET, S.W.		STREET ADDRESS																																																																												
CITY-ST-ZIP	RUSKIN FL		CITY-ST-ZIP																																																																												
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																											
NAME	SCHINELLA, JERRY V		NAME																																																																												
STREET ADDRESS	3416 SYLVAN SHADOW ST		STREET ADDRESS																																																																												
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP																																																																												
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																											
NAME	GORDON, MICHAEL J.		NAME																																																																												
STREET ADDRESS	2880 CHELSE PLACE NORTH		STREET ADDRESS																																																																												
CITY-ST-ZIP	CLEARWATER FL 34619		TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WALTER, REBECCA		NAME		STREET ADDRESS	100 BEACH DR NE #2200		STREET ADDRESS		CITY-ST-ZIP	SAINT PETERSBURG FL 33701		TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RAGARD, FRANK		NAME		STREET ADDRESS	903 ANCHORAGE RD		STREET ADDRESS		CITY-ST-ZIP	TAMPA FL 33602		TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	D'AUROIL, OLIVIER		NAME		STREET ADDRESS	CF-RAMUZ III		STREET ADDRESS		CITY-ST-ZIP	1009 PULLY, SUISSE		TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 changed, or on an attachment with an address, with all other like empowered.				
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02 813-622-8550  
Date Daytime Phone #

CR2E034 (9/01)

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