

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90163 041 ***150.00

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3199461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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)

4/4/02
 DATE

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2926 MAGNOLIA TRACE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (9/01)