## **2004 FOR PROFIT CORPORATION**

## May 06, 2004 8:00 am Secretary of State **ANNUAL REPORT** 05-06-2004 90185 015 \*\*\*150 00 DOCUMENT # P93000060291 1. Entity Name BBJ ENVIRONMENTAL SOLUTIONS, INC. 44072386 Principal Place of Business Mailing Address 6802 CITICORP BLVD. 6802 CITICORP BLVD. SUITE 500 SUITE 500 TAMPA, FL 33619 TAMPA, FL 33619 US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3199461 Not Applicable -Country - ---Ziρ -Country ~~Zip~ \$8.75 Additio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JERRY V. SCHINELLA Box Number is Not Acceptable) 6802 CITICORP BLVD., iticO60 SUITE 500 TAMPA, FL 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. I am familiar with, and accept the obligations of registered a SIGNATURE/ (NOTE: Registered Agent signature required when reinstating) Flection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Delete TITE F ☐ Change Addition James E. Buell NAME BAKER, ROBERT G NAME 6472 Blue Heron Point Dr STREET ADDRESS 408 14TH STREET, S.W. STREET ADDRESS CITY-ST-ZIP RUSKIN, FL CITY-ST-ZIP 53185 Waterford, WI TITLE **D** Delete TITLE Change Addition SCHINELLA, JERRY V EHMANN Christopher B. NAME NAME 806 Stoneleigh ac STREET ADDRESS 3416 SYLVAN SHADOW ST STREET ADDRESS CITY-ST-7IP VALRICO, FL 33594 CITY-ST-ZIP Baltimorc TITLE Delete TITLE Addition ☐ Change NAME NAME d'Aurid, Olivier STREET ADDRESS STREET ADDRESS C-F Ramuz III CITY-ST-ZIP CITY-ST-ZIP DOG PULLY, TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME <u>Oail let,</u> Jean STREET ADDRESS Ramuzill STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dolete ☐ Addition TITLE . TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete · · TITLE Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Block 11 is changed, or on an attachment with an address, with all other like empowered.

FILED