

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90097 044 \*\*\*550.00

**DOCUMENT # P94000055623**

1. Entity Name  
**KALIMANTAN ENVIRONMENTAL SERVICES, INC.**

Principal Place of Business Mailing Address  
~~5790 PINE TERRACE PLANTATION FL 33317~~ ~~5790 PINE TERRACE PLANTATION FL 33317~~

2. Principal Place of Business 3. Mailing Address  
**1712 CYPRESSDALE DRIVE** **1712 CYPRESSDALE DRIVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Loxahatchee, Florida** **Loxahatchee Florida**  
 City & State City & State

Zip Country Zip Country  
**33470 USA** **33470 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0529399** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DUVAL, MICHAEL**  
~~6790 PINE TERRACE PLANTATION FL 33317~~ **1712 CYPRESSDALE DRIVE**  
**Loxahatchee, FL 33470**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **M. Duvall PSD.** DATE  
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>PSD</b> <input type="checkbox"/> Delete
NAME	<b>DUVAL, MICHAEL</b>
STREET ADDRESS	<del>5790 PINE TERRACE</del> <b>1712 CYPRESSDALE DR.</b>
CITY-ST-ZIP	<del>PLANTATION FL 33317</del> <b>Loxahatchee, FL</b>
TITLE	<b>VPT</b> <input type="checkbox"/> Delete
NAME	<b>DEMESSA, MARIE</b>
STREET ADDRESS	<del>5790 PINE TERRACE</del> <b>1712 CYPRESSDALE DR</b>
CITY-ST-ZIP	<del>PLANTATION FL</del> <b>Loxahatchee, FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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]* **SIGNATURE REQUIRED M. Duvall** 9/12/02 <sup>054</sup> 93-9484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)