

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009450

1. Entity Name

NATIONAL ENVIRONMENTAL CORPORATION, INC.

Principal Place of Business

10710 75TH ST NORTH
LARGO FL 33777
US

Mailing Address

P. O. BOX 644 N/A
LARGO FL 34649
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAMPBELL, CHADWICK A.
9712 INDIAN KEY TRAIL
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name

Campbell, Chadwick A.

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

44 Southwind Drive

City

Belleair Bluffs

FL

Zip Code

33770

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

Chadwick A. Campbell, President

9/3/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 P ☐ Delete
NAME CAMPBELL, CHADWICK A.
STREET ADDRESS 9712 INDIAN KEY TRAIL
CITY-ST-ZIP SEMINOLE FL

TITLE VP ☐ Delete
NAME CAMPBELL, GREGORY
STREET ADDRESS 2420 MINELOA DR S
CITY-ST-ZIP LARGO FL

TITLE ST ☐ Delete
NAME CAMPBELL, LAURA B
STREET ADDRESS 9712 INDIAN KEY TRAIL
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME *President*
STREET ADDRESS *Campbell, Chadwick A.*
CITY-ST-ZIP *44 Southwind Drive*
Belleair Bluffs, FL 33770

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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 OF Chadwick A. Campbell, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/00

Date

727-423-5004

Daytime Phone #

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 030 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3293507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)