

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009450

1. Entity Name

NATIONAL ENVIRONMENTAL CORPORATION, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90169 021 ***150.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, CHADWICK A.
44 SOUTHWIND DRIVE
BEELEIAR BLUFFS FL 33770

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.

SIGNATURE

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 \$150.00
After MAY 1, 2001 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 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 Chadwick A. Campbell
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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STREET ADDRESS
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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)(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:

Chadwick Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)