

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90147 043 ***158.75

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

4150 116th Terrace N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33762

Country

USA

Country

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

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

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.

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, 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 **P** ☐ Delete
 NAME **CAMPBELL, CHADWICK A.**
 STREET ADDRESS **44 SOUTHWIND DRIVE**
 CITY-ST-ZIP **BELLE AIR BLUFFS FL 33770**

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
 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

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

1/13/02 727-647-1123
 Date Daytime Phone #

CR2E034 (9/01)