2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 JAN 17 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042005

1. Entity Name
FLORIDA ENVIRONMENTAL CLEARING, INC.

Principal Place of Business	Mailing Address
1325 Hwy 27N DAVENPORT, FL33837	P.O. Box 1567 1325 Hwy 27N DAVENPORT, FL 33836

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1325 HWY 27N.	P.O. Box 1567
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1325 HWY 27 N.
City & State DAVENPORT, FL.	City & State DAVENPORT, FL.
Zip 33837 Country POLK	Zip 33836 Country POLK

4. FEI Number 59-3314050 ☐ 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
ESPOSITO, RAE SHARON 1325 Hwy 27N. DAVENPORT, FL. 33837	Name: Corp Direct Agents Street Address (P.O. Box Number Is Not Acceptable): 103 N. Meridian St. Lower Level City: Tallahassee FL Zip Code: 32301

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] Kevin R. Roberts, Agent for Corp Direct Agents 1-17-01
Signature required from authorized agent and filed business. (NOTE: Registered Agent signature required when changed.) 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 $500.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D. ESPOSITO, SHARON R. 1325 HWY 27N. DAVENPORT, FL. 33837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete REINSTATEMENT 2000 & 2001 ars	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200003552902-1 -01/18/01--01011--002 ****908.75 ****308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Sharon R. Esposito DIRECTOR 1/14/2001 (863) 422-7571
SIGNATURE AND TYPED OR PRINTED NAME OF NEWLY OFFICER OR DIRECTOR Date Daytime Phone #