

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90281 006 ***158.75

DOCUMENT # P95000042005

1. Entity Name
FLORIDA ENVIRONMENTAL CLEARING, INC.



Principal Place of Business
**1325 HWY 27 N
DAVENPORT FL 33827**

Mailing Address
**P.O. BOX 1567
1325 HWY 27 N.
DAVENPORT FL 33836**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

39804 HWY 27 N

Suite, Apt. #, etc.

39804 HWY 27 N

City & State

City & State

4. FEI Number **59-3314050**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORP DIRECT AGENTS
103 N MERIDIAN ST
LOWER LEVEL
TALLAHASSEE FL 32301**

Name

SHARON R. ESPOSITO

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

39804 HWY 27 N

City

DAVENPORT

FL

Zip Code

33836

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 Sharon R. Esposito
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ESPOSITO, SHARON R**
STREET ADDRESS **1325 HWY 27 N**
CITY-ST-ZIP **DAVENPORT FL 33827**

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

TITLE **D** ☐ Delete
NAME **ESPOSITO, PAT**
STREET ADDRESS **1325 HWY 27 N**
CITY-ST-ZIP **DAVENPORT FL-33837**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon R. Esposito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03 (863) 422-7571

Date

Daytime Phone #

CR2E034 (10/02)