FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

Jan 28, 2002 8:00 am Secretary of State P95000046894 DOCUMENT # 1. Entity Name 01-28-2002 90016 001 ***158.75 CENTRAL ENVIRONMENTAL SERVICES, INC. Principal Place of Business Mailing Address 3900 JOHN YOUNG PKWY 3900 JOHN YOUNG PKWY ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3320543 Not Applicable Zip -- : Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOE, BRIAN R Street Address (P.O. Box Number is Not Acceptable) 3070 W. LAKE MARY BLVD. LAKE MARY FL 32746 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition Change LORENZ, RICHARD NAME NAME STREET ADDRESS 1166 AUTUMN BROOK CIR STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32751 CITY-ST-ZIP VΡ ☐ Defete TITLE Change ☐ Addition FOX, JASON NAME STREET ADDRESS 122 W HILLCREST STREET STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP Change TITI F ☐ Delete TITLE Addition NAME CRAWFORD, JULIA M NAME 2792 Cornerstone Court STREET ADDRESS 2224 COBBLEFIELD CIR STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP Apopha, FI 32703 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the produced of the corporation or an attachment with an order of the corporation of the co

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RINTED NAME OF SIGNING OFFICER OR DIRECTOR