

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90032 014 ***150.00

DOCUMENT # P95000073619

1. Entity Name
SOUTHERN ENVIRONMENTAL MANAGEMENT, INC.

Principal Place of Business **Mailing Address**
100 SE PINE VALLEY ROAD **10302 S. FEDERAL HWY**
PORT ST. LUCIE FL 34952 **SUITE 129**
PORT ST LUCIE FL 34952

2. Principal Place of Business **3. Mailing Address**
1585 SE Sunshine Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Port St Lucie FL
Zip **Country** **Zip** **Country**
34952 **USA**

4. FEI Number **65-0605016** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VITALE, ASHELY
3511 CHARING CROSS LANE
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name **Taylor, Keith R**
Street Address (P.O. Box Number is Not Acceptable) **530 N Suncoast Blvd**
City **Crystal River** **FL** **Zip Code** **34429**

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 *Keith R. Taylor* **DATE** **2/04/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD. <input type="checkbox"/> Delete
NAME	KELLER, R. ORENDER
STREET ADDRESS	484 FAIRCHILD
CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Keith R. Taylor*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/02
 Date

Daytime Phone #

CR2E034 (9/01)