## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P95000092534 RICHARD CHINN ENVIRONMENTAL TRAINING, INC. 01-18-2000 90011 039 \*\*\*158.75 Mailing Address Principal Place of Business 1020 NE 9TH COURT : P.O. BOX 10776 POMPANO BEACH FL 33511-8098 POMPANO BEACH FL 33060 C0003562 US Mailing Address 2. Principal Place of Business Hill Was DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3352177 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCANNALLY, WILLIAM H IV Street Address (P.O. Box Number is Not Acceptable) 420 W. BRANDON BLVD., STE. 202 BRANDON FL 33511 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE CHINN, RICHARD NAME STREET ADDRESS STREET ADDRESS P.O. BOX 10776 \_33511-8098 CITY-\$T-ZIP CITY-ST-ZIP POMPANO BEACH FL 33061 TITLE ☐ Delete TITLE CHINN, JOAN B NAME NAME STREET ADDRESS P.O. BOX 10776 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33061 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cyrate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director scute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this pring indicated on this report or supplemental report is true and of the corporation or the received changed, or on an attachme