## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **P95000092534** 1. Entity Name RICHARD CHINN ENVIRONMENTAL TRAINING, INC. 04-10-2001 90142 006 \*\*\*158.75 Principal Place of Business Mailing Address 804 COTTAGE HILL WAY 804 COTTAGE HILL WAY BRANDON FL 33511 BRANDON FL 33511 00033896 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3352177 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 MCANNALLY, WILLIAM H IV Street Address (P.O. Box Number is Not Acceptable) 420 W. BRANDON BLVD., STE. 202 BRANDON FL 33511 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Chance Addition TITLE ☐ Delete NAME MAME CHINN, RICHARD STREET ADDRESS STREET ADDRESS 804 COTTAGE HILL WAY CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511-5098 ☐ Change Acdition TITLE ☐ Delete TITLE NAME NAME CHINN, JOAN B STREET ADDRESS STREET ADDRESS 804 COTTAGE HILL WAY CITY-ST-7IP CITY-ST-ZIP BRANDON FL 33511-8098 ☐ Change M Addition TITLE ☐ Delete TiT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 employees 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 attachmen like empowered.

CITY-ST-7IP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

Detete

Change

■ Addition

CR2E034 (10/00