2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000003830** Apr 18, 2000 8:00 am Secretary of State ACTION ENVIRONMENTAL SERVICES, INC. 04-18-2000 90137 020 ***158.75 Mailing Address Principal Place of Business Richard H. Pascoe Richard H. Pascoe 8407 Fort Walton Ave 8407 Fort Walton Ave Fort Pierce, FL 34951-1398 ort Pierce, FL 34951-1398 rincipal Place of Busines 3. Mailing Address Suite, Apt. #, etc #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0634647 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Richard H. Pascoe adhes Wange Delete CR2E034 (9/99) PTD ☐ Addition Change TITLE 8407 Fort Walton Ave PASCOE, RICHARD H NAME 8407 Ft Walton a Fort Pierce, FL 34951-1398 3900_NORTH US1 STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL-34946 address Gonze ☐ Delete ☐ Change ☐ Addition TITLE TITLE PASCOE, DIANE I NAME NAME 8407 Ft Walton and STREET ADDRESS STREET ADDRESS 3900 MORTH UST CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 peport 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 grecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE: