

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90237 028 ***150.00

DOCUMENT # **P96000019520**



1. Entity Name
ENVIRONMENTAL MANAGEMENT SUPPLIES #2, INC.

Principal Place of Business
~~10490 COMPOUND ROAD~~
~~BONITA SPRINGS FL 34135~~
5701 Houchin St #7
Naples, FL 34109

Mailing Address
~~10490 COMPOUND ROAD~~
~~BONITA SPRINGS FL 34135~~



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0673240**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NUNEZ, MIRIAM
~~10490 COMPOUND ROAD~~
~~BONITA SPRINGS FL 34135~~
5701 HOUCHIN ST #7
NAPLES, FLA. 34109

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE NESTOR WONEZ
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	ROMERO, MANOLO
STREET ADDRESS	10490 COMPOUND RD 5701 HOUCHIN ST. #7
CITY-ST-ZIP	BONITA SPRINGS FL NAPLES, FLA. 34109
TITLE	<input type="checkbox"/> Delete
NAME	ST ROMERO, MIRIAM N
STREET ADDRESS	10490 COMPOUND RD 5701 HOUCHIN ST. #7
CITY-ST-ZIP	BONITA SPRINGS FL NAPLES, FLA. 34109
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	

11. 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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NESTOR WONEZ **2/4/03** **(239) 598-3232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (10/02)