

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91706 040 ***150.00

DATE
 AV

DOCUMENT # P96000090911

1. Entity Name
AS 97 ENVIRONMENTAL, INC.

Principal Place of Business

**20 KINSMEN DRIVE
 WINTER HAVEN FL 33884**

Mailing Address

**20 KINSMEN DRIVE
 WINTER HAVEN FL 33884**

2. Principal Place of Business

3. Mailing Address
421 2nd Street NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Winter Haven FL

4. FEI Number
59-3444415

Applied For
 Not Applicable

Zip

Country

Zip

Country

33881 FL

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

6. Name and Address of Current Registered Agent

**CINICOLA, CLARA M
 20 KINSMEN DRIVE
 WINTER HAVEN FL 33884**

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.

SIGNATURE _____ DATE _____
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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	ALMOND, JERRY W	20 KINSMEN DRIVE WINTER HAVEN FL 33884				
	D	CINICOLA, CLARA M	20 KINSMEN DRIVE WINTER HAVEN FL 33884				

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: *Clara M. Cinicola*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/30/02**

Daytime Phone #

CR2E034 (9/01)