

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047294

1. Entity Name  
Storage Tank Environment, Inc.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90004 028 \*\*\*158.75

828873

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5325 Bayshore Avenue  
Cape Coral, FL 33904

Mailing Address  
5325 Bayshore Avenue  
Cape Coral, FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0756704

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Christine F. Wright, Esq.  
1105 Cape Coral Pkwy., East  
Suite C  
Cape Coral, FL 33904

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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

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, 2000 Fee will be \$650.00  
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

TITLE D ☒ Delete  
NAME Schueler, Martha  
STREET ADDRESS Schweinfurter Weg 3  
CITY-ST-ZIP D-60599 Frankfurt/Main / GERMANY

TITLE D ☒ Change ☒ Add  
NAME Schueler Geoff L.  
STREET ADDRESS 5325 Bayshore Ave.  
CITY-ST-ZIP Cape Coral, FL 33904 ☒ Change ☐ Add

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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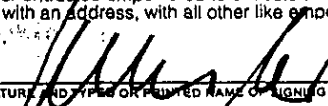
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CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

Emp. Fee