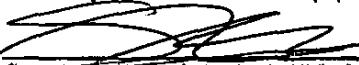


FILED
Jun 20, 2001 8:00 am
Secretary of State

05-21-2001 90364 015 ***550.00

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DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # P97 000053334					
1. Entity Name American Russian Environmental Services, Inc.					
Principal Place of Business 1059 Broadway, Suite G Dunedin, FL 34698			Mailing Address 1059 Broadway Suite G Dunedin FL 34698		
2. Principal Place of Business 1059 Broadway Suite, Apt. #, etc. Suite G			3. Mailing Address 1059 Broadway Suite, Apt. #, etc. Suite G		
City & State Dunedin FL		City & State Dunedin FL		4. FEI Number 59-3455448	
Zip 34698		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Steven W. Moore, P.A. 8200 Bryan Dairy Road, Suite 300 Largo, FL 33777			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: 6/13/01 Signature: typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when submitting)					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐			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 President Thomas E. Albert 1059 Broadway, Ste g, Dunedin FL 34698 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Tatyana R. Albert 1059 Broadway, Ste g, Dunedin FL 34698 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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: Thomas E. Albert, President			5/11/2001 (727)734-3800		