2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

			,		_	φ
DOCUMENT # P97000061651 1. Entity Name					FILED	ĄV
ENVIRONMENTAL SCIENCE ASSOCIATES, INC.					03 APR 30 AM II: 05	
Principal Place of Business Mailing Address 35 JEFFERSON AVE. 35 JEFFERSON AVE.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL :			32082			
2. Principal Place of Business		3. Mailing Address			T) — I TOORINGAL LIIN NOMIN KARAIK OORIEL BATIM DORMA OORIAN OLIIDE EEDLA ALIIDE OLIIDE EEDLA ALIIDE OLIIDE EEDLA 	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	_
City & State		City & State			4. FEI Number 59-3462250 Applied For Not Applicable	}
Zip	Country			5. Certificate of Status Desired See Required Fee Required		
	6Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
				Name		
MORIARTY, RICHARD				Street Address (P.O. Box Number is Not Acceptable)	1
35 JEFFERSON AVE.						1
PONTE VI	EDRA BEACH FL 32082					_
		. <u>.</u>	.—_	City	FL Zip Code	
	named entity submits this statement fo ions of registered agent.	' a '		•	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agents	Acciffication (NOTE	lo e		8, pe f 4,3 1,93 when reinstating) DATE	
FI	LE NOW!!! FEE IS \$150,00					7
	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1
TITLE	D	☐ Delete	TITL		☐ Change ☐ Addition	18
NAME	MORIARTY, RICHARD		NAM	E		19
STREET ADDRESS	35 JEFFERSON AVE.			ET ADDRESS		34
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	<u>!</u>	CITY	-ST-ZIP		CR2E034 (10/02)
TITLE		☐ Delete	TITL	l	☐ Change ☐ Addition	18
NAME STREET ADDRESS			NAM	ET ADDRESS		
CITY-ST-ZIP	}			-ST-ZIP	500018476365 05/08/0301015013 **150.00	
TITLE	Delete		TITLE	<u> </u>		
NAME			NAM	E		
STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIP		·	CITY	-ST-ZIP		_[
TITLE		☐ Defete	TITL	1	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAM	E ET ADDRESS		
CITY-ST-ZIP	;		•	-ST-ZIP		}
TITLE		☐ Delete	TITLI	i	☐ Change ☐ Addition	1
NAME			NAM	-		
STREET ADDRESS CITY-ST-ZIP	,			ET ADDRESS - ST-ZIP		
TITLE		☐ Delete	TITL		☐ Change ☐ Addition	1
NAME			NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		_
indicated of the corr	on this report or supplemental report is	true and accurate and that movered to execute this report a	v signa	ture shall have the s	oction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director r, Florida Statutes; and that my name appears in Block 10 or Block 11 if	