

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000055225**

1. Entity Name

NATIONAL ENVIRONMENTAL FUNDING, INC.**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90176 005 ***150.00

Principal Place of Business	Mailing Address
146 SECOND STREET NORTH #310 ST. PETERSBURG FL 33701	146 SECOND STREET NORTH #310 ST. PETERSBURG FL 33701-3361

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3518776	Applied For
		<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOROWITZ, MITCHELL I 501 EAST KENNEDY BOULEVARD SUITE 1900 TAMPA FL 33602	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMMONS, F S	NAME	
STREET ADDRESS	146 SECOND STREET NORTH #310	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETCHUM, RUSSELL E	NAME	
STREET ADDRESS	146 SECOND STREET NORTH #310	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, WILLIAM J	NAME	
STREET ADDRESS	146 SECOND STREET NORTH #310	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>F.S. Clemmons</i>	Date: 4-26-2000	Daytime Phone #: 87-898-2221
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CR2E034 (9/99)