

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000070460**1. Entity Name
EARTHCARE RESOURCE MANAGEMENT OF SOUTH FLORIDA, INC.

Principal Place of Business

1601 34TH STREET N

TAMPA
33605

FL

Mailing Address

4800 NORTH FEDERAL HWY

SUITE D-102
BOCA RATON
33431

FL

2. Principal Place of Business

4800 N. FEDERAL HWY.

3. Mailing Address

Suite, Apt. #, etc.
SUITE D102

Suite, Apt. #, etc.

City & State

BOCA RATON

FL

City & State

Zip
33431

Country

Zip

Country

4. FEI Number

59-3524544

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PROCTOR RON
4800 N FEDERAL HWY
SUITE D-102
BOCA RATON
33431

FL

US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/05/2001

DATE

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, 2001 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

TITLE	CFO	<input type="checkbox"/> Delete
NAME	PROCTOR RONALD	
STREET ADDRESS	4800 N FEDERAL HWY, STE D-102	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	P	<input type="checkbox"/> Delete
NAME	WATERS JAMES A	
STREET ADDRESS	4800 N FEDERAL HWY, STE D-102	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	BAKER THOMAS CC	
STREET ADDRESS	845 MISSISSIPPI AVE.	
CITY-ST-ZIP	LAKE LAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: RONALD E. PROCTOR

CFO

01/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)