

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90306 024 ***150.00

DOCUMENT # P98000079015

1. Entity Name

XL ENVIRONMENTAL, INC.

Principal Place of Business

1600 W NEW HAMPSHIRE AVE
 ORLANDO FL 32804

Mailing Address

1600 W NEW HAMPSHIRE AVE
 ORLANDO FL 32804

2. Principal Place of Business

617 E COLONIAL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

617 E. COLONIAL DRIVE

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number **59-3533270**

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHWEIZER, TIM
1600 W NEW HAMPSHIRE AVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

TIM SCHWEIZER

Street Address (P.O. Box Number is Not Acceptable)

617 E. COLONIAL DRIVE

City

Orlando, FL

FL

Zip Code

32803

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

TIM SCHWEIZER

4/25/01

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

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	SCHWEIZER, TIM	
STREET ADDRESS	1600 W NEW HAMPSHIRE AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIZER, TIM	
STREET ADDRESS	617 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
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 another like empowered.

SIGNATURE:

TIM SCHWEIZER

4/25/01

407 595-4096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)