

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101840

1. Entity Name

**BARRONS ENVIRONMENTAL ENGINEERING, INC.**

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90116 015 \*\*\*150.00

Principal Place of Business

Mailing Address

4999 CHARDONNAY DRIVE  
 CORAL SPRINGS FL 33067

P.O. BOX 670157  
 CORAL SPRINGS FL 33067-0003  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*10777 W. SAMPLE RD.*

3. Mailing Address

Suite, Apt. #, etc.

*#1211*

Suite, Apt. #, etc.

City & State

*CORAL SPRINGS, FL*

City & State

4. FEI Number

**65-0882861**

Applied For

Not Applicable

Zip

*33065*

Country

*USA*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSE, PETER**  
**2101 NORTH ANDREWS AVENUE**  
**SUITE 200**  
**FORT LAUDERDALE FL 33311**

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PSD**  
 STREET ADDRESS **DEBATTISTA, RONALD F**  
 CITY-ST-ZIP **4999 CHARDONNAY DRIVE**  
**CORAL SPRINGS FL 33067**

TITLE  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS **10777 W. SAMPLE RD. #1211**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  Change  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 of 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 an officer-like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

Date

*3/27/00*

Daytime Phone #

*(954) 345-5182*

CR2E034 (9/99)