

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90026 044 \*\*\*558.75

**DOCUMENT # P99000012715**

1. Entity Name  
**ALLIANCE ENVIRONMENTAL CORPORATION**

Principal Place of Business

**2822 PARKLAND DRIVE**  
**ORLANDO FL 32803**  
**US**

Mailing Address

**2822 PARKLAND DRIVE**  
**ORLANDO FL 32803**  
**US**

2. Principal Place of Business

**21133 SW 85th AVENUE**

Suite, Apt. #, etc.

**BUILDING #2, SUITE 313**

City & State  
**MIAMI FLORIDA**

Zip  
**33189**

Country  
**DADE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
**59-3557698**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCUTCHEON, KEVIN**

**1625 W PRINCETON STREET**  
**ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

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

**810 WEATHERLY COURT**

**LOHWOOD, FL 32750**

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 *Kevin M. McCutcheon*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9-6-01**  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
 NAME **MCCUTCHEON, KEVIN**  
 STREET ADDRESS **1625 W PRINCETON STREET**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VD** ☐ Delete  
 NAME **JOHNSON, MICHAEL G**  
 STREET ADDRESS **2822 PARKLAND DR**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VD** ☒ Delete  
 NAME **ANDERSON, WILLIAM**  
 STREET ADDRESS **19292 WEST INDIES DR**  
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **810 WEATHERLY COURT**  
 CITY-ST-ZIP **LOHWOOD, FL 32750**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9360 SW 181 ST**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☒ Addition  
 NAME **BRIAN K. MCCUTCHEON**  
 STREET ADDRESS **21133 SW 85th AVE. #313**  
 CITY-ST-ZIP **MIAMI, FL 33189**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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:

**SIGNATURE REQUIRED**

**09-06-01 (401) 721-1884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)