2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054152

BERKLEY ENVIRONMENTAL, INC.

Principal Place of Business
890 LAKE MYRTLE ROAD
AUBURNDALE FL 33823-9317

Principal Place	of Business	Mailing Address		-	
190 LAKE MYRTLE AUBURNDALE FL	E ROAD	890 LAKE MYRTLE ROAD AUBURNDALE FL 33823-9317			
2. Principal Pla	ce of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3582456 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		
SCHULZ, KENNETH N 890 LAKE MYRTLE ROAD AUBURNDALE FL 33823-9317			Street Addres	ss (P.O. Box Number is Not Acceptable)	
AUDUNNDALE FL 33023-9317					
			City	Zip Code	
CIONATURE	named entity submits this statement fo		registered office or regis	stered agent, or both, in the State of Florida.	
	Signature, typed or printed name or registered agen.	and lite is applicable. (NOT	L. Hagistolet Agort organitare real	party months and any	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	!!! FEE IS \$150.00 001 Fee will be \$550.0 ble to Department of \$		
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULZ, KENNETH N 890 LAKE MYRTLE ROAD AUBURNDALE FL 33823-9317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHULZ, STEVEN K 890 LAKE MYRTLE ROAD AUBURNDALE FL 33823-9317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RITCHEY, WANDA W 890 LAKE MYRTLE ROAD AUBURNDALE FL 33823-9317	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZiP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	

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.

CITY-ST-ZIP

CITY-ST-ZIP

WANDA W. RITCHEN

May 05, 2001 8:00 am Secretary of State

05-05-2001 90200 001 ***308.75