

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90488 042 ***150.00

050212 AV

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1. Entity Name
K P ENVIRONMENTAL, INC.

Principal Place of Business
**6009 SEA RANCH DRIVE 2-714
HUDSON FL 34667**

Mailing Address
**6009 SEA RANCH DRIVE 2-714
HUDSON FL 34667**

10000000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3607408**

Applied For

Not Applicable

Zip

Country

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

**ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD SUITE A
SEMINOLE FL 33777**

Name

**James Acct & Tax Svc Inc
2942-49th Street N
St. Petersburg FL 33710**

St

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Nancy W. James
(NOTE: Registered Agent signature required when reinstating)

1-9-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **VPD PARDY, NICHOLAS G**
STREET ADDRESS **6009 SEARANCH DRIVE 2-714**
CITY-ST-ZIP **HUDSON FL 34667**

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DP PARDY, KAREN**
STREET ADDRESS **6009 SIAS RANCH DRIVE 2-714**
CITY-ST-ZIP **HUDSON FL 34667**

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicholas Pardy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-03
Date

727-861-0757
Daytime Phone #

CR2E034 (10/02)