## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

1. Entity Name	RONMENTAL INC		02-06-200	
Principal Place of Bu 4248 SE COMMERCE STUART FL 34997 US	isiness AVE	Mailing Address 4248 SE COMMERO STUART FL 34997 US	DE AVE	1881  614   1146  1146  1166
2. Principal Place of	Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	C) CHECK HER	
City & State		City & State	4. FEI Number 65-022115	
Zip	Country	Zip	Country	5. Certificate of Status Desired
C 8	James and Address - 40.			

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Feb 06, 2003 8:00 am							
Secretary of State							
<b>.</b>							

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City & State			Cit	City & State				4. FEI Number 65-0221157				Applied For	
Zip	Country			Zip Countr		ntry	y <b>5.</b> Certificate		Certificate of Status Desired		\$8.75 A	Not Applicable dditional	
6. Name and Address of Current F			Register	egistered Agent		<del>                                     </del>		7 Name and Add			Fee Requir	rea	
·			gioto.	ed Agent		Name	<u>_</u>	, IN	ame and Address of New Re	gistered	Agent		
BLYTHE,	WAYNE	to a superior and a		_		INAITIE							
4248 SE	COMMERCE	AVENUE				Street Ac	dress (P.O	). Bo	ox Number is Not Acceptable)			•	
Stuart i	FL 34997												
						City				FL	Zip Co	de	
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	r the pur	oose of changing its	register	ed office or	registered :	age	nt, or both, in the State of Flori	ida. I am f		, and accept	
SIGNATURE .	Signature, typed o	r printed name of registered agent	and title if an	Olicable (NOT	E: Pogistoro	d Agent signatur						<u> </u>	
				1101	L. negistere	u Agent signatur	e requirea whei	in rein	istating)	DATE		ı	
After	r May 1, 2003	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State						9. Election Campaign Fina Trust Fund Contribution.			00 May Be d to Fees	
10.	<del> </del>	OFFICERS AND	DIRECTO		11.				NITIONS (CHANCES TO OFFIC	SEDO AND	DIDEGEO		
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2. I hereby of	artify thatitho in	oformation or malia de la la la	facta della		-				<del></del>				

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

SIGNATURE:

OR - 150 - Date | Daytime Phone #