

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83169

1. Entity Name

U.S. ENVIRONMENTAL GROUP, INC.

Principal Place of Business

2301 NW 33RD CT.
SUITE # 115
POMPANO BCH., FL 33069

Mailing Address

2301 NW 33RD CT.
SUITE # 115
POMPANO BCH., FL 33069

2. Principal Place of Business

3. Mailing Address

2200 NW 32nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WINSLOW, KELLY S
5451 PINE TREE RD
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	WINSLOW, KELLY S	
STREET ADDRESS	5451 PINE TREE RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	WINSLOW, KIM B	
STREET ADDRESS	11835 MOUNTAIN PARK RD	
CITY-ST-ZIP	ROSWELL GA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WINSLOW, AUDREY	
STREET ADDRESS	5451 PINE TREE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WINSLOW, KIMBERLY F	
STREET ADDRESS	11835 MOUNTAIN PARK RD	
CITY-ST-ZIP	ROSWELL GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an attorney empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90079 036 ***150.00

00013064



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0290982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)