

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V17680**

1. Entity Name

**LEMENZE ENVIRONMENTAL DRILLING COMPANY, INC.****FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90028 045 \*\*\*150.00

Principal Place of Business

Mailing Address

2117 7TH AVE N.  
LAKE WORTH FL 33461  
US2117 7TH AVE N  
LAKE WORTH FL 33461-3810  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0315556**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****LEMENZE, PAUL E.**  
**11620 WHITE MARSH DRIVE**  
**WEST PALM BEACH FL 33414**

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, 2000 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMENZE, PAUL E.	NAME	
STREET ADDRESS	11620 WHITE MARSH DR.	STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMENZE, JEANETTE	NAME	
STREET ADDRESS	11620 WHITE MARSH DR.	STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	CITY-ST-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMENZE, LOUIS E.	NAME	
STREET ADDRESS	11620 WHITE MARSH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	CITY-ST-ZIP	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMENZE, PAUL E	NAME	
STREET ADDRESS	6769 TURTLE POINTE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAUL E. LEMENZE****2-25-00 561.582.5088**

Date

Daytime Phone #

CR2E034 (9/99)