## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # V35**172 FLORIDA ENVIRONMENTAL REGULATION SPECIALISTS, IN 05-01-2001 90122 025 \*\*\*150.00 Principal Place of Business Mailing Address 2029 HEATHEROAK DRIVE 2029 HEATHEROAK DRIVE APOPKA FL 32703 SUITE 101 pelete 545073 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Act. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3123781 Not Applicabie Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YUE, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 2029 HEATHEROAK DRIVE APOPKA FL 32703 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE .. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Hund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TOLE TITLE YUE, MICHAEL S Correll, Fred M. NAME 2029 HEATHEROAK DRIVE STREET ADDRESS STREET ADDRESS 2029 Heatheroak Drive APOPKA FL 32703 CITY-ST-ZIP CHY-SE-ZIP Apopka, FL 32703 ☐ Change ☐ Delete Addition **BOIK, RICHARD S** NAME 2029 HEATHEROAK DRIVE STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 11769 ☐ Change ☐ Addition TITLE HOFFER, RONALD M NAME NAME 2029 HEATHEROAK DR STREET ADDRESS STREET ADDRESS APOPKA FL 32703 OTTY-ST-ZIP CITY-SY-ZIP TITLE Acdition TITUE Defete NAM: STREET ADDRESS STREET ADDRESS CITY ST-ZIE CHY+ST-ZP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREE! ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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