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

## V35172 DOCUMENT #

1. Entity Name

FLORIDA ENVIRONMENTAL REGULATION SPECIALISTS, IN



Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90054 014 \*\*\*150.00

**FILED** 

Mailing Address Principal Place of Business 2029 HEATHEROAK DRIVE 2029 HEATHEROAK DRIVE APOPKA FL 32703 APOPKA FL 32703 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-3123781 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YUE, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 2029 HEATHEROAK DRIVE APOPKA FL 32703 Zip Code Citv 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME Yue, Michael S NAME 2029 HEATHEROAK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE **BOIK, RICHARD S** NAME NAME STREET ADDRESS STREET ADDRESS 2029 HEATHEROAK DRIVE CITY-ST-ZIP : 30 APOPKA FL 32703 ------CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HOFFER, RONALD M NAME NAME STREET ADDRESS STREET ADDRESS 2029 HEATHEROAK DR CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Change ☐ Addition Delete TITLE TITLE CORRELL, FRED M NAME NAME STREET ADDRESS 2029 HEATHEROAK DRIVE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 corrogation or the receiver of the corrogation of the c 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 library empowered.