

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90054 003 ***150.00

DOCUMENT # V59335

1. Entity Name

APPLIED ENVIRONMENTAL CONSULTING, INC.

Principal Place of Business

Mailing Address

2015 N.W. 13TH STREET
 SUITE 305
 GAINESVILLE FL 32609

2015 N.W. 13TH STREET
 SUITE 305
 GAINESVILLE FL 32609-2065

2. Principal Place of Business

3. Mailing Address

4137 NW 33 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Gainesville, FL

City & State
 Gainesville, FL

4. FEI Number

59-3139843

Applied For

Not Applicable

Zip
 32600

Country
 U.S.

Zip

Country

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

KNELLINGER, RICHARD M.
 2815 N.W. 13 STREET
 SUITE 305
 GAINESVILLE FL 32609

Name

Bernhardt C. Warren

Street Address (P.O. Box Number is Not Acceptable)

4137 NW 33 PLACE

City

Gainesville

FL

Zip Code

32606

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]
 Signature typed or printed name of registered agent and title if applicable.

[Signature] Bernhardt C. Warren
 (NOTE: Registered Agent signature required when reinstating)

1/11/00
 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

TITLE	PTS	<input type="checkbox"/> Delete
NAME	WARREN, BERNHARDT CHAF	
STREET ADDRESS	4137 NW 33RD PL	
CITY-ST-ZIP	GAINESVILLE FL	
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"/> Delete
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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		
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NAME		
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CITY-ST-ZIP		
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)(f), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00
 DATE

(352) 373-7600
 Daytime Phone #

(352) 395-1352

CR2E034 (9/99)