

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # H84315**1. Entity Name
FLORIDA ENVIRONMENTAL, INC.Principal Place of Business
% JACK O. HACKETT II ESQ.
P.O. DRAWER 1447
PUNTA GORDA FL PUNTA GORDA FL
33951 33951 USMailing Address
P.O. BOX DRAWER 511447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2612208

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

HACKETT, JACK O., II, ESQUIRE
115 W. OLYMPIA AVE.**PUNTA GORDA FL**
33950

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 _____ **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 V ☐ Delete
NAME AUSTIN RANDY L
STREET ADDRESS 1624 MARINA LAKE DR
CITY-ST-ZIP KISSIMMEE FL 34744TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME LAROQUE SARAH J
STREET ADDRESS 4378 CONCERT ST
CITY-ST-ZIP PORT CHARLOTTE FL 33948TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME CESARIO BRENDA W
STREET ADDRESS 5241 SABAL TRACE DR
CITY-ST-ZIP NORTH PORT FL 34287TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME KOCUR, CHARLES L., JR.
STREET ADDRESS 27148 VILLARRICA DR.
CITY-ST-ZIP PUNTA GORDA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VST ☐ Delete
NAME DODD ANDREW
STREET ADDRESS 18050 VANDERBUILT DRIVE
CITY-ST-ZIP PORT CHARLOTTE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☐ Delete
NAME ROSS, DONALD H.
STREET ADDRESS 18419 MEYER AVE
CITY-ST-ZIP PORT CHARLOTTE FLTITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: DONALD H. ROSS

P

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)