2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2002 8:00 am Secretary of State DOCUMENT # P98000027835 1. Entity Name 04-28-2002 90732 001 ***317.50 FRS ENVIRONMENTAL REMEDIATION, INC. Principal Place of Business Mailing Address 3018 U.S. HIGHWAY 301 NORTH 3018 U.S. HIGHWAY 301 NORTH SUITE 100 SUITE 100 **TAMPA FL 33619 TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3502180 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOLBERT, ROBERT D JR. Street Address (P.O. Box Number is Not Acceptable) 3018 US HWY 301 N. #100 **TAMPA FL 33619** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME TOLBERT, ROBERT D NAME STREET ADDRESS 4521 W. CULBREATH AVENUE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME WEDDLE, CHRISTOPHER E NAME STREET ADDRESS 302 BRYAN OAK AVE STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME OTERO, CHARLES A STREET ADDRESS 18218 CLEAR LAKE DR. STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET 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), 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP