2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G32453 **DOCUMENT #**

1. Entity Name

HULETT ENVIRONMENTAL SERVICES, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90098 022 ***150.00

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Principal Place of Business % TIMOTHY M. HULETT 1959 WEST NINTH STREET RIVIERA BEACH FL 33404		Mailing Address P. O. BOX 10529 RIVIERA BEACH FL 33404 US]] 2 (21) 8)811 81811 81811	B(B)) Bidir inn-
2. Principal Place of Bus	iness	3. Mailing Address				
Suite, Apt. #, etc.						
Solite, Apr. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF I	MAKING CHANGE	re.
City & State		City & State	 			
Zip Country				4. FEI Number 59-2282352		Applied For Not Applicab
<u> </u>	1	Zip	Country	5. Certificate of Status Desired	□ \$8.75 A	dditional
6. Name	and Address of Current	Registered Agent			Fee Requirement	red
HURD, HORVATH & D	INIVINI DA	. 2	Name	7. Name and Address of New Regis	stered Agent	·
8295 N. MILITARY TR			Street Addre	co (BC Bouldhards)		<u> </u>
PLAM BCH GARDENS			Street Addre	ss (P.O. Box Number is Not Acceptable)		
I PUN DOLL ONUDENS	FL 33410					
	4		City		7:.0:	-1-
8. The above named entity	submits this statement for	r the purpose of changing it	to registers d all'	stered agent, or both, in the State of Florida	FL Zip Cod	ae
the obligations of regist	ered agent.	are parpedo or origing in	is registered brilde or regis	stered agent, or both, in the State of Florida	. I am familiar with	and accept
SIGNATURE	_					
Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature requ	lifed when reinstation)	B.475	
FILE NOW!!	FEE IS \$150.00				DATE	
Adia - 10						
Aπer may 1, 200 Make Check Payable to	3 Fee will be \$550.00 Florida Department of	State		 Election Campaign Financia Trust Fund Contribution. 		00 May Be
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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 changed, or on an attachment with an address, with all other like empowered. SUMMED SIGNATURE AND OPEN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

561-844-8444