

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90855 005 ***150.00

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DOCUMENT # P01000086822
1. Entity Name
FLORIDA ENVIRONMENTAL AND LAND SERVICES, INC.

Principal Place of Business **Mailing Address**
 624 MERRITT LN. 624 MERRITT LN.
 HAVANA FL 32333 HAVANA FL 32333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 285 PINWOOD DR. 5022 E
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FFL Number** **Applied For**
 TALLAHASSEE FL TALLAHASSEE FL 593743640 Not Applicable
Zip **Country** **Zip** **Country**
 32303 FLORIDA 32303 FLORIDA
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
 PEPPERS, ELVA **Name** Elva Peppers
 624 MERRITT LN. **Street Address (P.O. Box Number is Not Acceptable)**
 HAVANA FL 32333 285 Pinewood Dr
 City Tallahassee **FL** **Zip Code** 32303

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 Elva L. Peppers **President** **4/22/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. PRESIDENT OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
ELVA L. PEPPERS	285 PINWOOD DRIVE		NAME		
STREET ADDRESS	TALLAHASSEE, FL 32303		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Elva L. Peppers **4/22/02** **850-385-6255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)