

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91524 036 ***150.00

DOCUMENT # P99 0000 588 68

1. Entity Name **EARTH SYSTEMS ENTERPRISES**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

918 MIDDLEBRIDGE CT.

Suite, Apt. #, etc.

3. Mailing Address

4731 KERNAN MILL LN.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3587855

Applied For

Not Applicable

Zip

32065

Country

CLAY

Zip

32224

Country

DUVAL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **JOHN W. DENYS**

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

4731 KERNAN MILL LANE

City **JACKSONVILLE**

FL

Zip Code

32224

**DO NOT WRITE
IN THIS SPACE**

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 (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PRESIDENT
JOHN W. DENYS
4731 KERNAN MILL LN., E.
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V.P.
JOHN A. DENYS
12564 REGINALD DR.
JACKSONVILLE, FL 32246**

TITLE
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CITY- ST- ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. DENYS

DATE

4-25-2002

Daytime Phone #

904-992-0260

CR2E034B (12/01)