

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 632215

1. Entity Name

MOTE ENVIRONMENTAL SERVICES, INC.

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90015 050 ***158.75

Principal Place of Business

1600 THOMPSON PKWY
SARASOTA FL 34236

Mailing Address

1600 THOMPSON PKWY
SARASOTA FL 34236

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 59-1930307

Applied For

Not Applicable

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

JOHNSON, ROBERT M.
27 S ORANGE AVENUE
SARASOTA FL 34236

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

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	☐ Delete
NAME	MAHADEVAN, SELVAKUMARAN	
STREET ADDRESS	1600 THOMPSON PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	☐ Delete
NAME	LEGORE, RICHARD S	
STREET ADDRESS	1600 THOMPSON PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	☐ Delete
NAME	SMITH, DENE J	
STREET ADDRESS	1600 KEN THOMPSON PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	☐ Delete
NAME	PIERCE, RICHARD	
STREET ADDRESS	1600 THOMPSON PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	SMITH, DENA J.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-01

941-3884441

CR2E034 (10/00)