

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90449 014 ***158.75

DOCUMENT #
Entity Name
Environmental Service & Technology Corp.
FO10000000508 ✓

DO NOT WRITE IN THIS SPACE

B0064386

2. Principal Place of Business
Virginia
Suite, Apt., etc.
Suite B
City & State
Culpeper, VA
Zip
22701 Country
USA

3. Mailing Address
15510 Montano Dr
Suite, Apt., etc.
City & State
Zip Country

4. FEI Number
54-1527469
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Registered Agents Legal Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1333 N. Duval St.
City
Tallahassee FL Zip Code
32302

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 *Registered Agents Legal Services, Inc.*
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) ☒

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 | <i>Michael A. Slivinski</i> <i>2901 Dwight St.</i> <i>Herndon, VA 20171</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>William H. Graves</i> <i>9831 Windy Hill Dr</i> <i>Nokesville, VA 22123</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>Ralph Abbondanza</i> <i>2501 Monroe St</i> <i>Herndon, VA 20171</i> |
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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)(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 on an attachment with an address, with all other like information.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5-10-25-9083*
Daytime Phone #

CR2E034B (12/01)