

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

APPROVED
AND
FILED

03 MAY -7 AM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F010000003282

1. Entity Name

Environmental Engineering Services, Inc
7431 Park Springs Circle
Orlando, FL 32835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7431 Park Springs Cir

3. Mailing Address

7431 Park Springs Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32835

City & State

Orlando, FL 32835

4. FEI Number 06-
1344943

Applied For

Not Applicable

Zip
32835

Country
Orange

Zip
32835

Country
Orange

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John C. Hancock

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

7431 Park Springs Circle

City

Orlando

FL

Zip Code

32835

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
John C. Hancock
President
7431 Park Springs Circle
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Nancy J. Hancock
VP
7431 Park Springs Circle
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Nancy J. Hancock
VP
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

407-578-4787

Daytime Phone #

CR2E034B (12/02)