


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

FILED

03 SEP 19 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000001807**
1. Entity Name
Emergency Services Consulting inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
25200 SW Parkway Ave
Suite, Apt. #, etc.
3

3. Mailing Address
25200 SW Parkway Ave
Suite, Apt. #, etc.
3

DO NOT WRITE IN THIS SPACE

City & State
Wilsonville OR

City & State
Wilsonville OR

Zip
97070 Country
USA

Zip
97070 Country
USA

4. FEI Number
23-2826074

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd

City
Plantation FL Zip Code
33324

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 _____ (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 President	NAME Jack W. Snook	TITLE 600023653716	NAME 10-09-03-01001-003 **550.00
STREET ADDRESS 25200 SW Parkway Ave	STREET ADDRESS Wilsonville OR 97070	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Vice President	NAME Bruce W. Caldwell	TITLE	NAME
STREET ADDRESS (same)	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Vice President	NAME Joseph Parrott	TITLE	NAME
STREET ADDRESS (same)	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Vice President	NAME Conrad Kristensen	TITLE	NAME
STREET ADDRESS (same)	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

SP 9/23/03

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: **Bruce Caldwell** Date: **9-16-03** Daytime Phone #: **503-570-7778**

CR2E034B (12/02)