

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90005 034 ***550.00

DOCUMENT # F98000004221

1. Entity Name

ENVIRONMENTAL SOLUTIONS, INC.

Principal Place of Business

**4970 MAGNOLIA AVE.
MULBERRY FL 33860**

Mailing Address

**4970 MAGNOLIA AVE.
MULBERRY FL 33860**

2. Principal Place of Business

1009 3RD AVE., SE

3. Mailing Address

HC 61 Box 9

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STEINHATCHER, FL

City & State

STEINHATCHER, FL

Zip

32359

Country

USA

Zip

32359

Country

USA

4. FEI Number

58-1664623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
PARKER, PATRICK A
4970 MAGNOLIA AVE.
MULBERRY FL 33860** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCHUMAKER, MARK L
4970 MAGNOLIA AVE.
MULBERRY FL 33860** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3
GOLD, RICHARD C.
211 CLEARWATER AVE.
POLK CITY, FL 33868** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

PATRICK A. PARKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(752) 498-8047

CR2E034 (5/00)