

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90338 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000004984**

1. Entity Name

ENVIRONMENTAL COMPLIANCE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

B0053674

2. Principal Place of Business
588 SILVER STREET

3. Mailing Address
588 SILVER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
AGAWAM, MA

City & State
AGAWAM, MA

4. FEI Number
04-3050515

Applied For
Not Applicable

Zip
01001

Country

Zip
01001

Country

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

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

1200 SOUTH PINE ISLAND ROAD

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.

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) ☒

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	PSD Hellstein, Mark C. 148 Edgewater Road Agawam, MA 01001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cardinale Jr., Domenick L. 51 St. Germain Road Hampden, MA 01036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Fiorini, Michael L. 19 Raymond Circle Westfield, MA 01085
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sheehan, Kevin 16 Cottonwood Lane Agawam, MA 01001
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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 empowered.

SIGNATURE: (x)  - Michael L. Fiorini (x) 3/13/02 (413) 789-3530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)