

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90090 020 ***150.00

DOCUMENT # **F98000004984**

1. Entity Name
ENVIRONMENTAL COMPLIANCE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
588 SILVER STREET
Suite, Apt. #, etc.

3. Mailing Address
588 SILVER STREET
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 Country
01001

Zip Country
01001

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

SIGNATURE

Signature, typed or printed 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 **PSD**
NAME **HELLSTEIN, MARK C.**
STREET ADDRESS **148 EDGEWATER ROAD**
CITY-ST-ZIP **AGAWAM, MA 01001**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **CARDINALE, DOMENICK L.**
STREET ADDRESS **51 ST. GERMAIN ROAD**
CITY-ST-ZIP **HAMPDEN, MA 01036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD**
NAME **FIORINI, MICHAEL L.**
STREET ADDRESS **19 RAYMOND CIRCLE**
CITY-ST-ZIP **WESTFIELD, MA 01085**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **SHEEHAN, KEVIN C.**
STREET ADDRESS **16 COTTONWOOD LANE**
CITY-ST-ZIP **AGAWAM, MA 01001**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **MARIN, PAUL A.**
STREET ADDRESS **361 WALKLEY HILL ROAD**
CITY-ST-ZIP **HADDAM, CT 06438**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 employed.

SIGNATURE: (x)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)