

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-27-2008 90023 001 ***106.25
02-27-2008 90023 002 *****8.75
03-14-2008 90031 006 *****43.75

DOCUMENT # F99000003571

1. Entity Name
CBM ENVIRONMENTAL SERVICES, INC.



Principal Place of Business
11437 CENTRAL PKY
SUITE 6
JACKSONVILLE, FL 32224

Mailing Address
1201 N 1ST STREET, 802
JACKSONVILLE BEACH, FL 32250

40045371



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
56-1715156

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATEMAN, CATHERINE A
1201 N 1ST STREET, 802
JACKSONVILLE BEACH, FL 32250

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

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
BATEMAN, CATHERINE A
1201 N 1ST STREET, 802
JACKSONVILLE BEACH, FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
John A. Blanchard PE
20172 Bay Cedar Avenue
Tampa, FL 33647 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
CZOER, KENNETH E
5820 WEST CYPRESS STREET SUITE H
TAMPA, FL 33607 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-08 904 673 1551
Date Daytime Phone #